

MID-TERM ASSESSMENT OF THE STANDARD DAYS METHOD (SDM) INTRODUCTION IN RWANDA

Volume One of Two



Prepared by:
Consultant
Félix Muramutsa



Submitted by:
The Institute for Reproductive Health
Georgetown University

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Support from the United States Agency for International Development (USAID) enables the Institute to assist a variety of international institutions, both public and private, to introduce and expand SDM services.

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November 19, 2004

Mihira Karra, Ph.D.
U.S. Agency for International Development
GH/PRH/RTU
RRB 3.06-165
Washington, DC 20523-3601

Dear Mihira,

Attached please find a copy of the final report of the mid-term assessment of the Standard Days Method introduction in Rwanda. The purpose of this research was to explore client perception, satisfaction and use of the method and to identify successes and challenges to its continued integration into the method mix in Rwanda.

Should you have any questions about the report, please contact Caroline.

Thank you for your ongoing help and support.

Sincerely,

Victoria H. Jennings, Ph.D
Director

Cc: Amy Leonard
Marie Mukabatsinda
Felix Muramutsa

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ABBREVIATIONS AND ACRONYMS

ARBEF	Association Rwandaise de Bien-Etre Familial (Rwanda Association of Family Well-Being)
BBC	British Broadcasting Corporation
BCC	Behavior Change Communication
CHW	Community Health Workers
DHS	Demographic and Health Survey
DRC	Democratic Republic of the Congo
FGD	Focus Group Discussions
FOSA	Health service delivery point (“Formations sanitaires”)
FP	Family Planning
HF	Health Facility
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IUD	Intrauterine Device
LAM	Lactational and Amenorrhea Method - LAM
MOH	Ministry of Health
NGO	Non-governmental Organization
ONAPO	National Population Office
STI	Sexually Transmitted Infections
SDM	Standard Days Method
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

This report presents the results of the mid-term assessment of the Standard Days Method (the SDM), or the CycleBeads method, in Rwanda by the AWARENESS project. The report consists of two volumes. The first volume is narrative in form, while the second volume includes the instruments used in the study. This project was introduced in September 2002 by the Institute for Reproductive Health, Georgetown University (USA) in cooperation with the Ministry of Health and with financial support from USAID.

The objectives for this assessment are as follows:

1. Identify the perception of couples regarding the SDM, as well as constraints and difficulties encountered.
2. Explore communication between partners concerning the SDM and the way they manage and negotiate the fertile period;
3. Describe the IEC component and client exposure to messages;
4. Describe client satisfaction with the SDM and their perceptions regarding its acceptability and viability as a family planning option in Rwanda;
5. Identify provider attitudes and experience in offering the SDM as well as community CHW's experience in their mobilization role;
6. Offer recommendations for improvements to fine-tune the SDM program.

This assessment studied 12 of 13 health facilities that currently offer the SDM as a FP option as part of their regular service delivery.

Overall, 508 respondents participated in this assessment. This includes 174 female SDM users, 102 male SDM users, 57 CHW's, 25 providers, 6 supervisors, 16 women who conceived while using the CycleBeads, 14 female discontinuation cases, 60 female non-users, and 54 male non-users. Among the respondents, 275 (54.13%) were in Focus Group Discussions (FGD), and 233 (45.87%) participated in individual interviews.

The main results of the assessment can be summarized as follows:

Initial use of the CycleBeads and user skill

- In general, almost all persons interviewed, including non-users, drop-outs, and pregnant women, reported that it was easy to move the ring each day, and mark the calendar when menses started, to determine a woman's fertile period. Thus, 99.2% of women and 88.2% of male users knew that if they did not want an

unplanned pregnancy, they should avoid unprotected sexual relations on the days when the black ring is on the white beads.

- Among the reasons given for drop-outs indicated by women who stopped use of the CycleBeads or who became pregnant women, were failure in the management of the 12 fertile days, menstrual cycles outside the 26 – 32 day range, and the deliberate desire to have more children.

Couples' communication and management of the 12 fertile days

- A large majority of couples reported that the SDM reinforces marital relations by stimulating an atmosphere for dialogue and confidence between partners.
- The large majority of user couples interviewed (90.2% of men and 95% of women) found the management of the 12 days easy. Contrary to Rwandan mentality «imfizi ntiyimirwa= one can not stop a man from having sexual relations,» many couples managed the 12 fertile days by abstaining, which proves that the promotion of CycleBeads is possible in the Rwandan cultural (and sexual) context. Thus, the majority of male users, or 34 of 51 interviewed (66.7%) abstain, 10 (19.6%) use condoms, while 6 (or 11.7%) men use withdrawal (interrupted sexual relations.) The majority of women users, however, indicated that when their husbands are intoxicated, abstinence becomes very difficult and they prefer to use condoms or sleep in a separate room.
- A large majority of female users (93.4%) reported that their husbands are greatly involved in moving the black ring on the CycleBeads and/or in marking the first day of menstruation on the calendar.

Information sources on the CycleBeads

- Many women users were informed by health providers or CHW's (or peer educators in the case of ARBEF.) The main sources of information cited by male users were community meetings and radio.
- Overall, respondents received the provider's information with enthusiasm but expressed some reservations about messages from certain CHW's that they found confusing.

Client satisfaction

- Almost all those interviewed are satisfied with the SDM because the method prevents unplanned pregnancy effectively while remaining simple and easy to use and without undesirable side-effects; in addition, it is compatible with the culture and religious convictions of users.

- The great majority of user couples have had no difficulties or negative criticism to report on the SDM or the CycleBeads. The only criticism reported is that the method is not convenient for all women, especially those who do not have menstrual cycles ranging from 26 to 32 days and that the 12 day period of abstinence would be too long for some men.
- Almost all female users, or 118 of 121 (97.5%) intend to continue using the SDM for the next three months and believe that their husbands have the same intention. Along the same lines, 116 female users of 121 (95.8%) indicated that they intend to continue the use of this method next year.
- A large majority of respondents prefers the brown colored beads because they indicate the period during which they can have unprotected intercourse without the risk of conceiving. Other couples, however, preferred the white beads because they indicated that they had to be careful not to deviate from the objective set forth. Those who did not like the white color reported that it is because the days of periodic abstinence are too long. Some women did not like the brown beads because sexual relations become very frequent and exhaust them.
- In comparing the CycleBeads with other FP methods, participants in this assessment indicated that CycleBeads are much better than injectables or birth control pills because there is no side-effect for users. In comparing the use of condoms and CycleBeads, a large majority was in favor of the latter because, according to them, the condom could remain in the woman's sexual organs and the possession of condoms, for some, means that one is predisposed to illicit (promiscuous) sexual behavior.

Experience of health providers and CHW's

- Overall, providers interviewed found it easy to distribute the CycleBeads and felt confident in answering clients' questions; providers would like to continue to offer the SDM, but their work load had increased. Some were compelled to alternate with untrained providers and others pointed out that they did not have enough time for counseling and follow-up of couples. Some, nevertheless, had difficulties in offering this method, as mentioned by 28%. Responses from providers also showed that some among them (44% of providers interviewed on certain questions) had not mastered the criteria of eligibility of women for CycleBeads.
- Many CHW's reported intellectual enrichment and that they provided a good service to the public. Others, however, indicated that their work load increased so much that they should be compensated.

Survey Suggestions for improvements to be implemented

- Most respondents agreed that they were satisfied with the composition and use of CycleBeads and could not find much to change. Certain changes, however, were suggested, as follows: a softer and more solid ring permitting easy moving

over the beads without tearing, the dark brown beads should be a more brilliant color, the addition of condoms to the CycleBeads kit, a calendar with more legible characters, and some also suggested the reduction of the 12 fertile days and an adaptation of CycleBeads for women with menstrual cycles ranging from less than 26 to over 32 days.

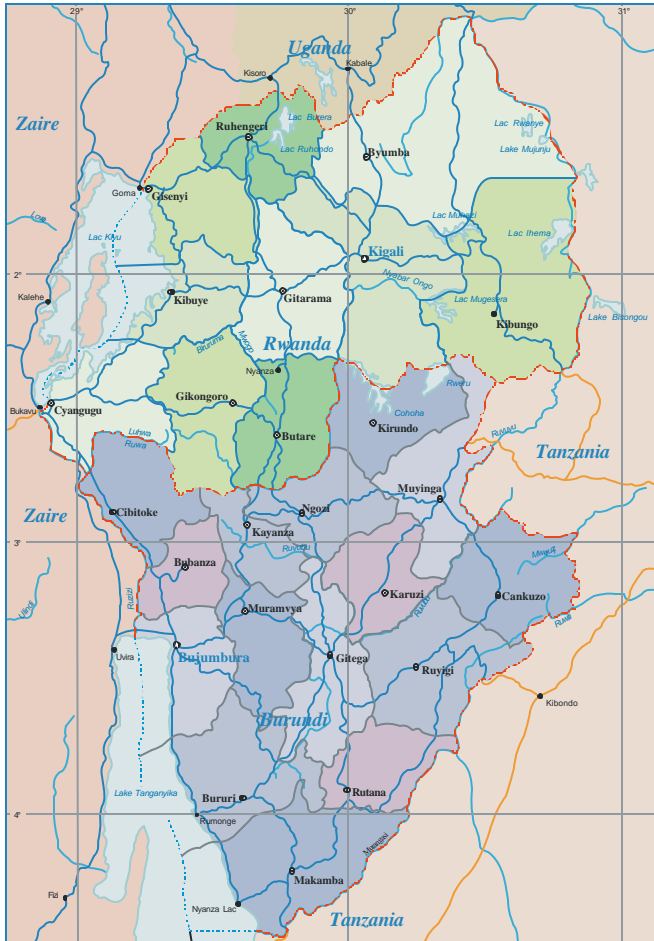
- In terms of the CycleBeads being free of charge and their eventual cost, almost all those surveyed, in all categories, requested that CycleBeads be distributed free of charge to users because of the poverty of the population. They also stated that no charge stimulates the number of users and maintains the originality of CycleBeads. There are a few among the respondents, nevertheless, who proposed an accessible price, from 20 to 200 Rwanda Francs, while insisting that the sale of CycleBeads should be as a consequence of building awareness on the use and the importance of the method. Along the same lines, most people surveyed preferred that CycleBeads should not be distributed in drugstores, shops, and kiosks, for reasons, among others, that drugstores, shops, and kiosks do not have the time or discreet location that is indispensable for counseling.
- Almost all those surveyed would recommend CycleBeads as an acceptable FP method, appropriate for Rwandan families because the SDM is effective, easy to use, and without side-effects on the health of users.

Given these results, some conclusions and recommendations could be drawn. The main ones are as follows:

- After twelve months of introduction in the health facilities assessed, we can state that CycleBeads are well accepted, and also very much in demand; thus, the SDM should be part of the range of FP methods available on a large scale in Rwanda. Therefore, there is an urgent need to train providers in health facilities who request it, but only after an in-depth analysis of motivational and ownership factors of those in charge of these health facilities.
- It is very interesting that most of the user couples (over 90%) find the management of the 12 fertile days of the woman easy. While many couples abstain from intercourse during this period, others use condoms or sleep in separate rooms. Overall, men are involved in the use of CycleBeads.
- In terms of information, it seems that it is generally well disseminated, as shown by the number of users who continue to use the SDM without difficulties. We find, however, a risk among certain users and even some CHW's to exaggerate the benefits of CycleBeads, while opposing other FP methods. This is the reason why providers and CHW's should be retrained periodically.
- Most of the providers are really satisfied with this method, even though some still have difficulties and others do not have enough time for counseling that should be given with CycleBeads. Therefore, there should be a retraining of providers and CHW's; closer collaboration between CHW's and providers is also desirable to help clients in choosing a method and its correct use.

- Greater awareness building is required in relation to condoms, especially for couples who believe that condoms are not acceptable because of their religious beliefs. In all cases, health providers and CHW's must be well trained on the subject to cover this need more adequately.
- One of the best channels to send information would be to approach the BBC service and convince them to introduce «CycleBeads» in their radio drama «URUNANA» which is followed by a large number of Rwandans.
- To make up for the cases where women seek counseling alone, without their partners, to request CycleBeads, mobilization campaigns should be organized in the community to reach men who would be tentative in accompanying their wives to health facilities. This would increase cooperation of couples from the outset even if the man does not accompany his partner to the site.
- Finally, it is well-advised to be able to share the results of this assessment with sites and partners who participated. This will allow fine-tuning of the program, while showing the participants that their contribution to this report was highly valuable.

MAP OF RWANDA



In June 2002, the USAID Mission in Rwanda invited The AWARENESS project to work with PRIME II (INTRAHealth) to introduce the SDM into existing family planning service sites in Rwanda. In consultation with the Ministry of Health (MOH), PRIME II and the Mission, 13 pilot sites were chosen for SDM introduction. Although there have been a few changes to the original list, the first year of work in Rwanda saw smooth implementation and high levels of interest from the MOH, service providers, the community and media. Our relationship with PRIME II has also remained strong. Based on favorable initial experience and increasing demand, the Rwanda Mission has provided IRH with field support to help support local program costs two years in a row (IRH continues to supplement these sums with core funds). There are now 28 active SDM sites, each with trained providers and community health workers (who refer but do not provide the method). Community based distribution is also being tested on a small scale. Sites include public, NGO and faith-based services. As of the end of June 2004, over 1400 clients were using the SDM.

I. INTRODUCTION

1.1 Context and justification

In sub-Saharan Africa, there is a large and growing need for adequate and high quality family planning (FP) services. Over the last 10 to 20 years, the unmet needs in FP in the region have increased, while they decreased as a result of increased contraceptive use in other regions of the developing world.

FP should be understood here as an intervention to improve maternal and child health and not as a synonym for population control.

The demographic and health survey (DHS) carried out in Rwanda in 2000 (ONAPO, p. 70) showed that almost all women (95%) were aware of at least one FP method. The best-known methods reported by women were as follows, according to their rank: condoms (88%), injectables (74%), birth control pills (70 %.) Other methods mentioned by the women surveyed were female sterilization (52%), periodic abstinence (50%), withdrawal (43%), the breastfeeding and the lactational method or LAM (33%), the female condom (24%), implants (32%), the intra-uterine device IUD or coil (30%), morning-after birth control pills (9%), vaginal methods (7%), and the diaphragm (4%). Only 7% of all women surveyed indicated that they used a family planning method, while this percentage was at 14% in 1992.

Thus we see that knowledge of FP methods is high, but the availability and/or utilization are still a problem. There is reason to believe that a large number of Rwandan women would perhaps prefer to use natural or traditional methods, shown by the fact that 9% of the 13.2% of women in unions who use a FP method, of any kind, use a «traditional» method. We must stress that the thoughts of side-effects linked to modern methods is another obstacle to the use of FP.

The DHS data show, implicitly, the existence of potential demand for the Standard Days Method in Rwanda. For example, according to this data, very few women (9%) know how to identify their fertile period correctly. In addition, 87% of Rwandan women in a relationship indicated that they do not use any FP method, while 9% of women in unions reported using a type of natural or traditional family planning method, compared to 4.3% using modern methods. The same survey also shows that 24% of women in union would like to space births and 11.6% would like to limit births, showing the unmet need in relation to family planning in Rwanda (for all Rwandan women) at approximately 35.6%.

In spite of the presence of a potential solid demand for natural FP methods in Rwanda, access to these methods is often limited. A high number of FP facilities indicate that they supply natural methods but, in fact, these methods are rarely integrated into existing FP services. A certain number of factors could explain this situation, such as the lack of information and training of health agents, misconceptions about natural methods, and the lack of political and financial resources. Thus, the integration of the Standard Days Method increases the range of effective and available FP options for Rwandan couples. The following Table shows the 13 health facilities, by type and health districts.

Table 1. Pilot Sites for the SDM

District	Health Center	Type of Site
Bugesera	Ruhuha	Catholic Congregation
	Mayange	Public
Kabgayi	Ruhango	Catholic
	Musambira	Public
Byumba	Bungwe	Public
	Munyinya	Public
Butare	Mbazi	Public
	Save	Catholic
Kibuye	Rubengera	Presbyterian
	Kibuye Hospital	Public
Mugonero	Mugonero Hospital	Adventist
	Gisovu	Public
ARBEF	Center of Kigali	Association/NGO

1.2 Brief description of the Standard Days Method (SDM)

The Standard Days Method is a new, natural FP method, developed by the Institute for Reproductive Health (IRH) of Georgetown University, to help respond to the needs of couples who would like to plan births naturally. Method effectiveness was determined by an international efficacy trial, carried out by IRH with almost 500 women in Bolivia, Peru, and the Philippines. Women who participated in the study used the method and were followed for one year. The study applied criteria recognized internationally for effectiveness studies in all modern FP methods. According to the results of this trial, and when couples used the method correctly, the SDM has an efficacy rate of over 95%.

The Standard Days Method is based on the fact that there is a fertile period during which the probability is very high that a woman can become pregnant from unprotected intercourse. This fertile period remains constant, independently of the length of the cycle, when it ranges from 26 to 32 days. The probability that this period covers all fertile days is the highest for cycles within this range. For women whose menstrual cycles range from 26 to 32 days, this period runs from the 8th day to the 19th day (included) of their cycles. The use and effectiveness of the method consists in avoiding unprotected intercourse during the fertile days of the menstrual cycle, or from the 8th day to the 19th day of each cycle. Couple cooperation is essential to the successful use of the method.

In Rwanda and in most of the programs, the Standard Days Method uses CycleBeads, a tool representing the woman's menstrual cycle. To use the CycleBeads, the woman moves a rubber ring over a bead each day to visually track where she is in her menstrual cycle. The beads are of different colors to indicate if the woman has a fertile or unfertile day. The first day of the cycle, which is the first day of menstrual bleeding, is represented by a red bead, followed by six brown beads, indicating that the first seven

days of the cycle are not fertile. The 8th to the 19th days are represented by white beads indicating the fertile period. Women are counseled to avoid unprotected sexual relations when the black rubber ring is placed on the white beads. The Standard Days Method can be taught by a trained provider or a community agent or CHW for women, men, or couples in the scope of individual or collective meetings. In Rwanda, each training session for providers includes a training module for condoms, which provides the couples with possibilities of managing the 12 days by using a condom, if necessary.

The SDM has three features that make it appropriate to satisfy the needs in FP:

1. It is natural: there are no side-effects, or the need for medication or surgical intervention;
2. It is simple: easy to understand, teach, and use;
3. It is effective when used correctly and helps to avoid unwanted pregnancies.

The SDM is currently offered in Benin, Burkina Faso, and Zambia with encouraging preliminary results after its introduction in April of 2002. The Democratic Republic of the Congo (DRC) is among the countries planning to introduce the method in the near future.

As of September 2002, the AWARENESS project has introduced the method in Rwanda, as described in the following paragraph.

1.3 Description of the AWARENESS project

The Institute for Reproductive Health (IRH), Georgetown University, in cooperation with the Ministry of Health and INTRAH/PRIME II in Rwanda, have launched the AWARENESS project in view of the introduction of the Standard Days Method (the SDM) in certain health facilities that offer FP methods, but also in some associated centers that do not offer any kind of FP method. The SDM is introduced as a supplementary natural family planning method among all methods being offered and encouraged by the Ministry of Health and its partners (with technical assistance provided by PRIME II).

The AWARENESS project is convinced that natural family planning could be appropriate from a cultural standpoint and desirable for the population of Rwanda. Actually, natural or traditional FP methods are already being used by certain couples in Rwanda. Thus, the DHS (ONAPO, p. 74) showed that of 19% of men in a relationship who indicate using a FP method, 14% point out a «traditional» method as their current method to avoid pregnancy.

Activities to respond to this unmet need consist in large measure in increasing the accessibility to natural FP methods that are not being provided on a large scale currently, and that present a viable strategy as a pilot intervention to increase the choices for couples in Rwanda. The project was launched as a pilot intervention in 13 health facilities chosen jointly with the Ministry of Health and USAID, in consultation with PRIME II.

These sites were chosen after an analysis, from an institutional point of view (health facility) and human resources (health care providers), to see if it is feasible to add the Standard Days Method to the combination of current FP methods in these health facilities. We also checked if those in charge of these associated health facilities were willing to cooperate with the introduction of the SDM as a natural FP method.

1.4 Justification for the mid-term assessment

This mid-term assessment intends to measure the level of acceptance, satisfaction, and continuation of the method among clients, after 12 months of introduction in 13 health facilities as a pilot intervention. The assessment will inform the program on current experiences of SDM/CycleBeads users (and their partners) and of providers. This will allow the strengthening of positive aspects of the program and adjustment as necessary, to better serve couples who already use the SDM/CycleBeads, but also to more effectively attract other new couples who would like to use this method.

We checked on how the method was being supplied as an additional choice within the mix of other methods in terms of previously determined acceptability criteria. The evaluation examines the degree to which the providers accept this new method, including their skills in providing counseling to clients about the correct use of the method.

The AWARENESS Project and its partners wanted to know from clients and their partners the perceptions regarding the quality of counseling they received related to the Standard Days Method and to obtain their suggestions for improvement in service delivery. We also wanted to know why certain clients had discontinued method use. We wanted to find out whether clients were willing to pay for the Standard Days Method/CycleBeads and what they thought of the accessibility and distribution of CycleBeads in places other than the clinical context (such as drugstores, shops.)

1.5 Assessment Objectives

According to the terms of reference, this assessment had the following objectives:

1. Identify the perception of couples related to the SDM, as well as constraints and difficulties encountered;
2. Explore communication of partners about the SDM and the way they manage the fertile period;
3. Describe the IEC component and client exposure to information;
4. Describe client satisfaction regarding the SDM and if it is an acceptable and viable FP option in Rwanda;
5. Identify the attitudes and experience of providers in their task of offering the SDM as well as the experience of CHW's in their role of mobilizing this method;
6. Formulate recommendations on the implementation of improvements to adjust the program over time.

II. METHODOLOGICAL APPROACH

The overall approach is qualitative; certain responses during interviews, however, resulted in quantitative responses that complemented qualitative data provided through Focus Group Discussions (FGD).

2.1 Development of assessment tools

Based on the objectives and terms of reference of this assessment, the consultant, in cooperation with Georgetown University and AWARENESS prepared the guides for the FGD and for interviews, which are also based on observations and comments by institutions involved in this project. The guides and instruments for the six categories of respondents can be found in the Annexes. They cover the following:

- Female SDM users (including those who continue to use the method, discontinuers, and those who became pregnant);
- Male SDM users;
- Female non-users of the SDM;
- Male non-users of the SDM;
- Providers and supervisors;
- Community workers who mobilize communities about the SDM.

We included information from the FGD and in-depth interviews for the primary target groups in this evaluation so as to enrich the assessment data as much as possible.

Thus, 10 different instruments were prepared and applied, as shown on the following list:

- I. Guide for Focus Group Discussions (FGD) with women who continue to use SDM
- II. Guide for FGD with partners of women who use the Standard Days Method
- III. Guide for FGD with CHW's
- IV. Structured interview guide for women who continue to use the SDM
- V. Structured interview guide for partners of women who continue the SDM
- VI. Structured interview guide for female SDM drop-outs
- VII. Structured interview guide for women who conceived
- VIII. Structured interview guide for providers/supervisors
- IX. Guide for FGD with women who never used the SDM
- X. Guide for FGD with men whose partners never used the SDM

We also recorded socio-demographic information on FGD participants.

All data collection tools were pre-tested after training surveyors.

2.2 Sampling

2.2.1 Survey selection

Persons surveyed were chosen from among user couples (clients) from sites that provide the SDM among other FP methods. We decided to interview about 15 female users, 5 male users, 2 service providers, 1 supervisor, and 5 CHW's trained in the SDM, per health facility. In addition, the assessment was to include 5 women and 5 men non-users of CycleBeads to see how this method is known and/or perceived by non-users. In all cases, the main and final goal of this assessment was to identify the experiences of SDM users and providers. Consequently, we did not compare CycleBeads clients with those using other FP methods.

2.2.2 Selection of participants for detailed individual interviews

The quantitative approach of this assessment explored the practice of the SDM by couples, but also determined the level of provider and supervisor knowledge regarding the use of CycleBeads. To accomplish this, we asked providers to randomly select couples from their client lists who were then scheduled to have individual interviews.

In regard to providers and supervisors, we met with those who were trained in offering the SDM/CycleBeads. We must point out that the Gisovu health facility no longer has a trained provider in CycleBeads because he left the facility.

2.2.3 Selection of participants for Focus Group Discussions (FGD)

In order to assess the actual level of awareness and behavior related to the SDM we took a sample of user couples of the method in areas covered by the 12 health facilities. Most FGD participants were chosen from SDM/CycleBeads clients. To find participants, providers were asked to choose 5 women and 5 men randomly from a list of all male and female CycleBeads clients who would accept to participate for free and voluntarily in this activity. In addition, providers were requested to personally approach the interested parties to invite them to participate in this assessment. In some cases, providers enlisted the help of CHW's. In the field, nevertheless, the number of interviews and focus group discussions was sometimes different to what was forecast, given the relative ease and difficulties of providers at different sites in identifying and inviting the chosen respondents.

It is important to remember that the number of users found through the FGD came to 276, consisting of 174 female users, and 102 male users of CycleBeads, which represents 54.3% of all surveyed.

The following Table shows the exact number of persons found by site and category, as well as by methodological tool used.

Table 2. Sample size by site and category

Sites (Tool)	Superv. Interv. (VIII)	Prov. Interv. (VIII)	CHW FGD. (III)	Female Clients FGD. (I)	Male Clients FGD. (II)	Female Clients Interv. (IV)	Male Clients Interv. (V)	Female Drop- outs Interv. (VI)	Female non-users FGD. (IX)	Male non- users FGD. (X)	Pregnant Females Interv. (VII)	TOTAL
1. ARBEF	0	2	4	5	6	9	2	0	4	4	1	37
2. Mayange	1	2	6	6	4	6	6	1	4	4	1	41
3. Ruhuha	0	2	6	5	4	15	5	0	6	5	0	48
4. Ruhango	1	2	5	4	4	15	5	0	4	4	0	44
5. Save	1	2	4	4	3	13	0	0	6	4	0	37
6. Mbazi	0	2	4	5	3	11	5	1	5	5	3	44
7. Bungwe	1	2	6	5	5	15	9	2	5	6	2	58
8. Munyinya	0	3	5	5	7	16	5	4	5	5	4	59
9. Rubengera	1	2	5	4	5	6	3	1	6	3	0	36
10. Dispens. Kby	0	2	4	3	3	8	3	2	5	5	2	37
11. Mugonero	1	2	3	4	3	6	6	3	5	4	1	38
12. Gisovu	0	2	5	3	4	1	2	0	5	5	2	29
TOTAL	6	25	57	53	51	121	51	14	60	54	16	508

2.3 Survey team selection and training

The selection of surveyors favored candidates with solid quantitative and qualitative survey experience, as well as professionals in the health field, especially in reproductive health. From over 50 CV's, 19 surveyors and 2 data analysts were selected and trained during the week of 13 to 17 October 2003. Three back-up surveyors also participated in training.

Training was participatory, covering subjects related to reproductive health, different FP methods, with a focus on SDM/CycleBeads, and qualitative and quantitative survey techniques with emphasis on Focus Group Discussions (FGD) and structured interviews. During training, we also prepared role-playing exercises to provide the surveyors with thorough knowledge of the FGD guide and observations, as well as the methodology to be applied. Surveyors were also trained in the use of tape recorders to collect data. Training subjects were led by different CHW's, including the main consultant for this assessment, a statistical consultant, the Representative of the AWARENESS project in Rwanda, and four supervisors provided by the Ministry of Health and by the National Population Office.

2.4 Pre-testing of instruments

The pre-test occurred at the Musambira health center, on Monday and Tuesday, 20 and 21 October. We met with 50 persons including almost all of the survey participant categories.

Surveyors finalized the FGD and interview reports after the pre-test. Comments and discussions were held on Wednesday, 22 October. These discussions resulted in adjustments to the questionnaire and FGD guides. In addition, the pre-test was able to evaluate the skills of the data collection team and provide any necessary advice.

2.5 Data collection

Before launching the project, the Ministry of Health provided «service affidavits» officially authorizing the team to work at the sites under assessment. Data collection was carried out from 27 October to 10 November 2003. Before this, the four team leaders (supervisors) visited the 12 health facilities and health districts to set meetings with providers, asking them to invite respondents who could be interviewed during the days and hours agreed upon.

Once at the site, the team leaders were responsible for making contact with those in charge of the health facilities before the surveyors began the interviews and/or the FGD. In relation to the FGD, the concern was to have a sufficiently large number of participants to allow a range of different ideas, giving each participant the opportunity for proper expression. To accomplish this, the number of participants was set between three and six. Also, for a better chance to reach the appropriate number of participants for the FGD, the number of respondents invited was raised by two to cover no-shows.

The meetings were arranged well in advance through providers already offering the SDM/CycleBeads.

Once a FGD was completed, each sub-team met for transcription and translation, relating in detail all that had been mentioned by the participants. The team focused on the notes of the interviewer while listening to the tape recordings.

The interviewers were under the supervision of the team leader, who communicated regularly with the main investigator. Daily meetings were held during the entire data collection period, which allowed the team to overcome certain challenges inherent in field work. At the end of each day, the entire survey team met with the supervisor team leader, who reported to the main investigator in order to create a quick daily assessment.

The lead consultant carried out supervisory visits during the entire work in the field. This provided an accounting of progress made, resolved certain difficulties, motivated the surveyors/interviewers if needed, and cleared up certain items in the FGD and/or interview guides.

2.6 Data analysis

As already pointed out, this assessment is mainly qualitative with quantification of certain responses.

The analysis and discussion of results were according to the objectives set out in this assessment. We explored the opinions and ideas of those interviewed, while analyzing existing documentation on the subject, as well as reflections by the author.

The qualitative data were collected and computerized with text data software. The quantitative data were collected and analyzed with the help of SPSS and Excel software.

The results were analyzed trying to compare the viewpoints of different respondents on the subjects discussed. Thus, the analysis stressed qualitative aspects, trying to compare responses to certain socio-demographic features of the surveys.

2.7 Ethical considerations

The subject addressed by this assessment, or reproductive health and FP, can be personal and intimate, which makes it important to use care in collecting valid and valuable information while respecting respondents' right to privacy. The respect and dignity of respondents were assured. Participation in this survey was strictly voluntary. To respond to this requirement, a well-prepared introduction was made before beginning actual data collection. The interviewers initially explained to their listeners who they were, the reason for the visit, the context, the objectives and interests of the study and then negotiated informed consent from the respondents before beginning data collection. Participants received an explanation that they had the right to interrupt the meeting at any point or not respond to certain questions that were asked.

Interviewers repeatedly explained, the confidential character and anonymous use of assessment results. To accomplish this, participant's names were not written on the questionnaires. Once the respondents were ready to give information, surveyors also negotiated note-taking in writing and the use of a tape-recorder. It is also proper to point out that the interviews and the FGD were held in quiet places and far from the eyes and ears of curious onlookers.

All respondents met during this assessment agreed to participate in focus group discussions or in interviews to examine their opinions and experiences about the use of the Standard Days Method. This took place as a result of an informed consent process. We prepared a consent form and respondents were to read it (or the interviewer would read it for them) before agreeing to sign the form. The form explains the basic nature of the project and tries to obtain the consent of the respondent to participate in the assessment. Participants received an identity code and their name did not appear on the data collection forms.

2.8 Limitations and lessons learned

In spite of being well-prepared in advance, certain unexpected challenges arose during this evaluation. Initial preparations and frank cooperation with the institutions involved allowed us to overcome most of these, but others should be mentioned, as follows:

- The main data collection activities had to be rescheduled due to conflicts with electoral periods in the country;
- There was weak cooperation by certain providers in inviting respondents;
- The will of certain providers to hide information, wanting to show only the «good side of things»;
- The fatigued monotone attitude developed by certain respondents in relation to the participation in numerous surveys taking place in the country;
- Expectations of certain respondents of receiving cash as «per diem or transportation fees» from certain organizations carrying out surveys and/or during meetings.

III. RESULTS

3.1 General socio-demographic characteristics of the respondents

As shown in Table 2, this assessment included 508 respondents, with 275 in FGD and 202 individual interviews; 25 providers and six supervisors were added to these interviews.

The following Tables provide socio-demographic features of each group surveyed.

Table 3. Socio-demographic characteristics of participants in interviews

Characteristics	Sites													
	ARBEF	MAYANGE	RUHUHA	RUHANGO	SAVE	MBAZI	BUNGWE	MUNYINYA	RUBENGERA	DISP. KIBUYE	MUGONERO	GISOVU	TOTAL	%
Age groups														
<=20	0	1	1	0	0	0	0	1	0	0	1	0	4	1.98
21 - 25	3	4	7	2	1	3	4	7	2	5	3	0	41	20.30
26 - 30	5	3	3	7	5	6	4	9	5	3	4	0	54	26.73
31 - 35	4	2	3	2	1	4	4	5	1	2	2	3	33	16.34
36 - 40	0	2	1	1	4	2	4	4	1	1	1	1	22	10.89
41 - 45	0	2	3	4	2	3	8	3	1	1	4	1	32	15.84
46 - 50	0	0	2	3	0	1	1	0	2	0	0	0	9	4.46
Over 50	0	0	0	0	0	0	2	0	0	0	1	0	3	1.49
Undetermined	0	0	0	1	0	1	1	0	0	1	0	0	4	1.98
Gender														
Male	2	6	5	5	0	5	9	5	3	3	6	2	51	25.25
Female	10	8	15	15	13	15	19	24	7	12	10	3	151	74.75
Target group														
Female users	9	6	15	15	13	11	15	16	6	8	6	1	121	59.90
Female discontinuers	0	1	0	0	0	1	2	4	1	2	3	0	14	6.93
Females who conceived	1	1	0	0	0	3	2	4	0	2	1	2	16	7.92
Male users	2	6	5	5	0	5	9	5	3	3	6	2	51	25.25
Marital status														
Legally married	10	7	3	18	9	18	17	24	9	13	9	5	142	70.30
Free union	2	7	17	2	4	2	10	5	1	2	7	0	59	29.21
Single	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Separated	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Other	0	0	0	0	0	0	1	0	0	0	0	0	1	0.50

Table 3. Socio-demographic characteristics of participants in interviews (cont.)

Characteristics	Sites													
	ARBEF	MAYANGE	RUHUHA	RUHANGO	SAVE	MBAZI	BUNGWE	MUNYINYA	RUBENGERA	DISP. KIBUYE	MUGONERO	GISOVU	TOTAL	%
Education														
No schooling	0	1	3	3	1	3	4	7	1	2	2	0	27	13,37
Unfinished primary	0	2	10	2	3	5	5	8	3	3	7	1	49	24,26
Primary completed	4	8	7	10	5	5	9	10	1	9	5	0	73	36,14
Artesanal school	0	3	0	1	1	1	6	2	3	0	0	0	17	8,42
Unfinished secondary	5	0	0	2	2	5	4	2	2	0	0	2	24	11,88
Secondary completed	2	0	0	2	1	1	0	0	0	1	1	2	10	4,95
Higher	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Undetermined	1	0	0	0	0	0	0	0	0	0	1	0	2	0,99
Religion														
Catholic	4	9	6	13	7	12	22	19	1	1	5	2	101	50,00
Protestant	2	0	5	0	2	3	5	1	7	5	1	0	31	15,35
Pentecostal	1	2	6	0	1	3	1	9	0	6	2	2	33	16,34
Adventist	0	2	3	3	3	2	0	0	2	3	8	1	27	13,37
Muslim	0	0	0	4	0	0	0	0	0	0	0	0	4	1,98
Other	5	1	0	0	0	0	0	0	0	0	0	0	6	2,97
No religion	0	0	0	0	0	0	0	0	0	0	0	0	0	-

Table 4. Socio-demographic characteristics of participants in the FGD

Characteristics	Sites													
	ARBEF	MAYANGE	RUHUHA	RUHANGO	SAVE	MBAZI	BUNGWE	MUNYINYA	RUBENGERA	DISP. KIBUYE	MUGONERO	GISOVU	TOTAL	%
Age groups														
<=20	0	2	1	0	0	0	3	0	0	0	0	0	6	2.75
21 - 25	0	5	6	3	1	1	5	1	4	2	1	3	32	14.68
26 - 30	9	3	5	3	6	4	3	5	4	7	1	4	54	24.77
31 - 35	6	5	4	2	3	6	1	4	3	6	5	3	48	22.02
36 - 40	2	1	2	2	5	1	3	7	1	0	4	6	34	15.60
41 - 45	1	2	2	3	2	5	5	3	3	1	0	1	28	12.84
46 - 50	1	0	0	2	0	1	0	2	0	0	4	0	10	4.59
Over 50	0	0	0	1	0	0	1	0	3	0	1	0	6	2.75
	19	18	20	16	17	18	21	22	18	16	16	17	218	100.00
Gender														
Female	9	10	11	8	10	10	10	10	10	8	9	8	113	51.83
Male	10	8	9	8	7	8	11	12	8	8	7	9	105	48.17
Target group														
Female users	5	6	5	4	4	5	5	5	4	3	4	3	53	24.31
Female non-users	4	4	6	4	6	5	5	5	6	5	5	5	60	27.52
Male users	6	4	4	4	3	3	5	7	5	3	3	4	51	23.39
Male non-user	4	4	5	4	4	5	6	5	3	5	4	5	54	24.77
Marital status														
Legally married	14	11	10	12	7	12	12	21	13	8	12	16	148	67.89
Free union	5	7	10	4	10	5	9	1	5	8	4	1	69	31.65
Other	0	0	0	0	0	1	0	0	0	0	0	0	1	0.46

Table 4. Socio-demographic characteristics of participants in the FGD (cont.)

Characteristics	Sites													
	ARBEF	MAYANGE	RUHUHA	RUHANGO	SAVE	MBAZI	BUNGWE	MUNYINYA	RUBENGERA	DISP. KIBUYE	MUGONERO	GISOVU	TOTAL	%
Education														
Illiterate	0	3	4		1	1		2	5	2	3	2	23	10.55
Unfinished primary	1	6	6	6	2	7	4	4	5	5	8	5	59	27.06
Primary completed	6	5	10	9	7	7	12	12	4	1	4	1	78	35.78
Artesanal school	3	2	0	0	5	2	1	1	2	0	0	0	16	7.34
Unfinished secondary	5	1	0	1	2	0	4	3	2	3	1	3	25	11.47
Secondary completed	4					1				4		5	14	6.42
Higher	0											1	1	0.46
Other level	0	1								1			2	0.92
Religion														
Catholic	8	12	5	8	11	12	16	20	1	7	2	5	107	49.08
Protestant	5	2	6	1		2	5	1	13	3	1	3	42	19.27
Pentecostal	1	2	2		4	3	0	1	0	3	3	7	26	11.93
Adventist	2	0	7	7		1			4	3	10	2	36	16.51
Islam	3				1								4	1.83
Other religion	0				1								1	0.46
No religion	0	2											2	0.92
Profession														
Agriculture	0	18	20	16	11	15	21	19	15	9	11	5	160	73.39
Civil servant	2					2			1	5		6	16	7.34
Housekeeping	2												2	0.92
Commercial	2								2	2		1	7	3.21
Student	2												2	0.92
Other	11				6	1		3			4		25	11.47
Undetermined	0										1	5	6	2.75
Total	19	18	20	16	17	18	21	22	18	16	16	17	218	100.00

3.2 Initial SDM use, couples' skills and difficulties

This section retraces the progression of couples in the use of the SDM as well as the difficulties and constraints encountered. Data are derived from the FGD and individual interviews and are grouped around four main points, as follows: how the SDM was learned, questions concerning previous use of other FP methods, questions about client ability (and CHW skills) in the use of CycleBeads, as well as explanations for reasons for discontinuing the SDM.

3.2.1 How couples learned about the SDM

Almost all persons interviewed reported having learned the method either through providers or through community workers. Some male users added that they went personally to ask for counseling from CHW's or providers. Other respondents, especially among non-users, declared having heard of the method at administrative meetings, from CHW's, when they visited a health facility (ARBEF), from the radio, or from neighbors.

3.2.2 Reasons and factors behind the choice of the SDM

Regarding the reasons that convinced couples to choose the SDM/CycleBeads, a number of female users declared having used other methods some time ago, but that these had major inconveniences, as opposed to the SDM. As an example, a farming woman, 47 years of age and married, declared *«I chose the CycleBeads because I suffered from side effects from birth control pills; they stopped me from sleeping, I could not cope with my housework, and as soon as I learned about the existence of the SDM, I left the birth control pills aside in favor of CycleBeads, returned to normal right away, my strength came back and I can now take care of my housework.»* For users, CycleBeads is a good FP method, simple to use, free of charge, and without side effects linked to hormones, as opposed to birth control pills or injectables. A female user, 29 years of age, interviewed at Kigali stated *«for me, other methods failed, injectables made me ill.»*

Male users find it to be the best method, easy to use, and without side effects on health. Also, many men said that they chose the SDM because it engages and involves them in their family planning decisions; it increases love of the couple and understanding of man and woman.

3.2.3 Previous family planning use of SDM user couples

An important question asked of SDM users was their ever-use or current use of other FP methods.

In terms of knowledge, each reported having heard of at least one of the following methods: birth control pills, injectables, condoms, withdrawal, periodic abstinence, calendar methods, breastfeeding, IUD, Norplant, and CycleBeads.

To the question under which circumstances they began to use the SDM, almost all women responded that they were concerned about spacing births, and because of this, they sought out health providers or CHW's who gave them practical and pertinent advice.

Male users gave almost the same answers as those cited above by female users in relation to knowledge about other methods. We must point out that 60.8% of male users interviewed mentioned that the couple had used at least one other family planning method before using CycleBeads.

For female non-users, when asked if there was anyone among them who had already used a FP method, responses differed, but the majority declared not having tried any method. There were some, nevertheless, who mentioned one of the following methods: birth control pills, injectables, periodic abstinence, use of condoms, and withdrawal.

As to the reason that motivated their choice, responses varied from one woman to another, but all in principle were based on the comparison with other methods, trying to point out the benefits of her particular method in comparison to others, as shown by the following example: *«I chose injectables because I could forget to take the birth control pills; my husband does not like condoms and I don't either; I cannot accept the method of introducing an IUD in the uterus (laughing), count, or abstain; I cannot trust this, so injectables were the only choice left.»* (Related by a 30 year old woman who had completed secondary education)

Male non-users also cited family planning methods with which they were familiar. Each one mentioned at least one method and there were some who cited as many as four. Contrary to other categories interviewed, among men, there were a few (four of 48) who also mentioned vasectomy. A man, 47 years of age, and father of eight children, stated having used this method. Among men, some used or use birth control pills, injectables, condoms, or periodic abstinence, and others mentioned never having used FP at all.

As to the choice of one method over another, all respondents generally agreed on the major concern to limit or space births. Each one tried to defend their preferred method while comparing it to others. Following is an example given by an Adventist, 46 years of age, illiterate, married, and father of six children: *«Before, I tried to abstain for about 15 days after my wife's menses stopped, at a given moment it was difficult to maintain this commitment during those days and we finally decided to use condoms.»*

3.2.4 Client ability to use the SDM and CycleBeads correctly

Overall, user couples reported that it is simple to use CycleBeads without difficulties and that it is easy to move the ring every day, to be aware of the fertile period, and therefore prepare accordingly. Another benefit that also seems to be an advantage cited by many men is the active participation of the husband, as related by a man from Mayange in these terms: *«In principle, I move the black ring each day, she only informs me when she gets her menstrual period so that I move the ring to the red bead, and during her fertile period I take care.»*

In relation to the difficulties encountered by women in regards to SDM use, their husbands declared that basically there are very few. Certain respondents, however, cited the fact of not knowing how to count, or intoxication by the woman or man, which could prevent them from abstaining during the fertile period.

To the question of knowing the days when they should avoid unprotected sexual relations to avoid pregnancy, 99.2% of female and 88.2% of male users showed that they knew that it is on the days when the black ring is on the white beads.

As to whether users found CycleBeads easy or difficult to use, 116 of 121 women interviewed (or 95.8%) responded that the method is easy to use; while 114 of 121 women (or 94.2%) answered that it is simple to learn. On the same subject, 25 male users interviewed responded that it is easy to move the ring each day; 12 answered that everything is simple, while 11 said that one must know that the white beads depict the fertile period.

In terms of difficulties, 19 men out of 51 surveyed responded that nothing is difficult; seven mentioned abstinence during the 12 days of white beads; six said that it is forgetting to move the ring.

Concerning the question whether it is easy to know the fertile period of their spouses, 28 men of 51 interviewed said that CycleBeads help them to accompany the cycle progression along with their partners; 12 answered that their wife tells them; two said that the cycles sometimes change; another said that he told his wife not to tell him.

It is interesting to point out that nine out of 10 women who gave up the use of CycleBeads said that the SDM is easy to use. They added that learning the method had also been simple.

Among pregnant women, 15 of 16 interviewed found that CycleBeads are easy to use and do not require any special knowledge because it is easy to move the ring each day or mark the calendar. Also, all women responded that learning the method was simple.

3.2.4.1 Moving the black ring. In general, answers given by women in relation to moving the black ring were very similar to those by men and can be summarized as follows:

Positive Aspects:

- Presence of the red bead: the initial bead corresponding to the first day of menstrual cycles;
- Existence of the calendar to know where one is in case of doubt;
- Participation sometimes by the male or the female to remind each other in case one forgets;
- Using strategies to avoid forgetting;
- Placing the CycleBeads on top of, or beside the bed; choose the exact time to move the ring so that this practice becomes the couple's habit.

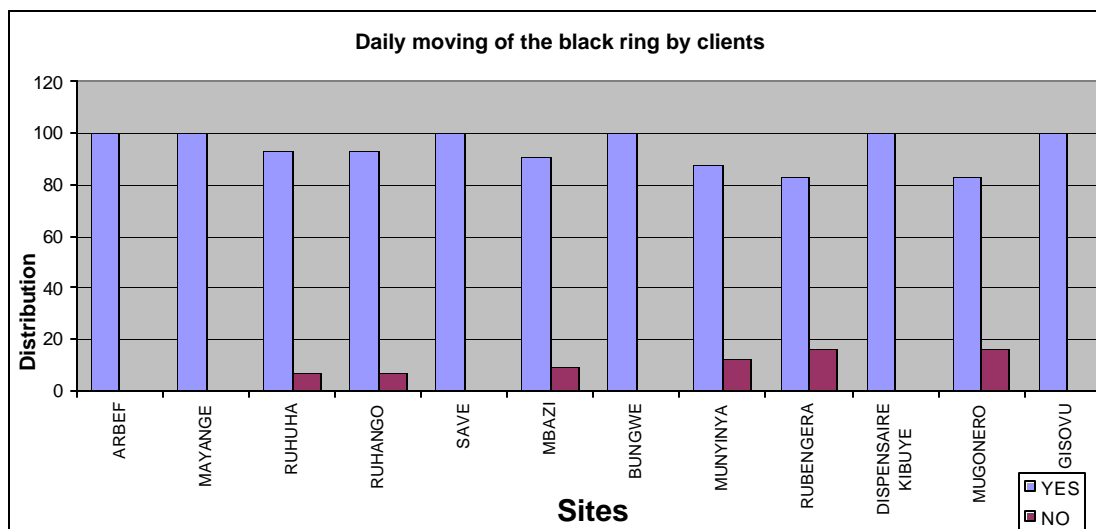
Difficulties:

- Risk of breaking the black ring;
- Irregular menstrual cycle;
- If the CycleBeads are not associated with the calendar, there is a risk of moving the ring twice, especially if there is not permanent agreement linking the couple.

In comparing answers of user couples, those of women who dropped out and those of pregnant women, we find that users had perfect command of CycleBeads compared to the two other categories.

To the question whether couples had moved the black ring every day, including during days of menstruation, of 121 female users interviewed, 114 answered positively, or 94.2%, while 47 male users of 51 interviewed (92.1%) answered positively. On the same subject, all 10 women who dropped CycleBeads answered positively, but only three reported moving the black ring in the right direction.

Figure 1. Breakdown of clients by site who move the black ring each day



This graph shows that at almost all sites all of the clients moved the black ring daily, except at a few sites, where the breakdown of clients who sometimes forget is minimal.

For women who conceived while using the SDM/CycleBeads, we see that all had unprotected sexual relations more or less deliberately during their fertile period, which proves that it is not because of the failure of the method itself, but rather the inability of these particular couples to abstain, or simply the wish to have more children. In fact, when we asked these women to show the days, with the aid of the CycleBeads, when they would have had sexual relations during the month preceding pregnancy, we found that of 16 pregnant women, only one said that she had used a condom on the 16th day. The others reported having had unprotected sexual relations during the white bead period, four said that they could not remember the day, and two said that they had lost their CycleBeads.

Also, to the question whether they had moved the ring in the right direction, only 50% of pregnant women confirmed this spontaneously.

3.2.4.2 Marking the calendar. On the ease and difficulty of marking the calendar as a tool to complement the CycleBeads, answers received from women in general did not differ from those by men, and therefore they can be grouped as follows:

In relation to ease, those interviewed said that it was because of:

- We do not mark the calendar every day, but instead, we fill it in by month for all, until the next menstrual period occurs.
- There is a clear and obvious indication when the couple should mark the calendar: the first day of menstruation.
- One can ask for the help of a third person, like one's child for example.

In general, couples reported no difficulties. Some, however, said that the method could be a little complicated for illiterate persons or those who forget easily. Following is an example of an answer: «*Nothing is difficult because when we get to the 28th or the 29th bead, she starts menstruating and we immediately move the ring, make a sign on the calendar; therefore nothing is difficult unless one forgets,*» answered a man, 36 years of age, in June 2003.

It is strange, nevertheless, that of 121 women interviewed on the question of marking the first day of menstruation on the calendar, only 42.1% answered spontaneously, while 57.9% could not give an answer. These statistics do not differ from those presented by male interviews: of the 51 men interviewed, only 39.2% gave spontaneous answers, compared to 60.8% who had no response. We point out though that certain clients did not answer the question because they did not have a calendar and expressed their desire to have one. This is the case of clients at the Munyinya site. Also, others would not remember spontaneously because they mark the calendar once a month, while moving the ring daily.

In addition, seven pregnant women of 16 interviewed (43.7%), answered that it was easy to remember to mark the calendar, while six said it was difficult.

3.2.5 Reasons for discontinuing the SDM

We asked women who gave up CycleBeads why they had stopped the method as a way to avoid pregnancy. Answers from these women can be summarized as follows:

- 7 of 14 women, or 50% had two or more menstrual cycles outside the 26 – 32 day range;
- For 4, their partners did not want to continue the SDM because the management of the 12 days was too difficult;
- For 3, the reasons why they gave up the method were different: the woman became pregnant again, the husband became undependable in the relationship, or the woman had been widowed.

To know what the 14 women who gave up the SDM did to avoid pregnancy following SDM discontinuation, 6 (42.8%) decided on injectables, 2 (14.3%) take birth control pills, 2 (14.3%) practice withdrawal, while 4 (28.6%) said they did nothing. For these 4 women the reasons were not clear except for the one who lost her husband.

Regarding the 16 women who conceived while using the CycleBeads, we tried to find out what the couple did during the fertile period, when the black ring was on the white beads. Following are the answers received:

- Eight said they abstained
- Four said they used condoms
- Two said they abstained, and if they could not, they used condoms
- One said they abstained but could not do so
- One said they did not abstain because she wanted a child.

Of the 16 cases of women who conceived while using the CycleBeads method, 8 (50%) said they planned the pregnancies (another pregnancy after a miscarriage, the child had reached the appropriate age after spacing births, trying to have a child of another gender); 6 (37.5%) had two or more menstrual cycles outside the 26-32 day range (thus not eligible for CycleBeads) while 2, or 12.5% forgot to move the ring on some days. In fact, the analysis of women's characteristics shows that 50% (8 out of 16) have between one and three children, 31.3% (5 out of 16) have four children, and only 2 women out of 16 (12.6%) have five children or more. And yet, if we know that «*women in Rwanda have an average of 5.8 children during their lifetime*» (ONAPO, 2000, p. 54) we can understand these women wanting more children as being culturally normative.

Among the women who conceived while using the SDM, only 25.0% returned the CycleBeads after finding out they were pregnant. Those who did not return the CycleBeads and related materials gave the following reasons:

- *Use of the CycleBeads after delivery*
- *Build awareness of the method in her family circle*
- *Purchased and therefore private property*
- *Not knowing that these materials should be returned*

Also, of the 16 women interviewed, 14 answered that it had been easy to cooperate with their partners, because the decision to plan births had been taken together.

3.3 Communication within couples who use the SDM/CycleBeads

3.3.1 Couples' topics of conversation

This relates to couples' subjects of discussion before making the decision to use the SDM. The couples said that their conversations concentrated on the need for family planning and the establishment of a mutual consensus to adopt this method. Overall, most couples discussed subjects related to the following:

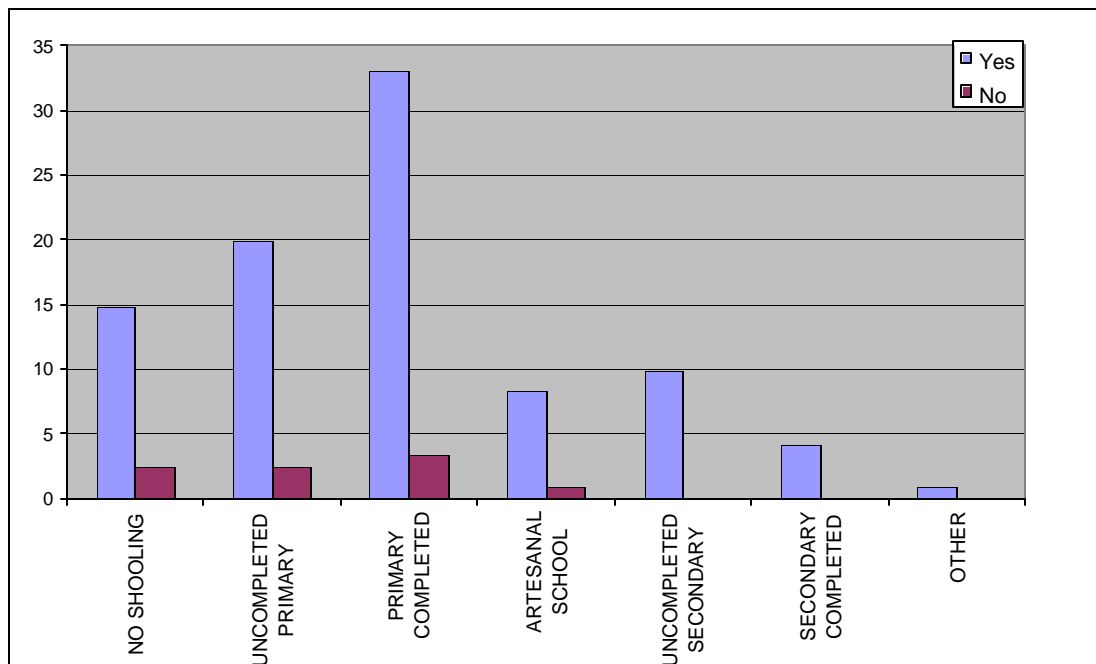
- Increasing the birth interval to avoid repeated births that they could not handle, and avoidance of early weaning of the child before two years of age.
- The family's future in terms of the children's education which is currently very expensive.
- Very small land ownership by the family.
- Side-effects of certain contraceptive methods and the difficulties faced in their use (birth control pills, the Billings method, injectables, and implants), especially because the use of certain FP contraceptives is considered to be a sin.
- The high cost of medical care for the family and frequent illnesses that make children very vulnerable before the age of five.
- The choice of the SDM as the easiest FP method, the least constraining, and without undesirable side effects.
- Abstinence during the fertile period: «uburyo tuzareka gukora imibonano mpuzabitsina mu gihe cy'uburumbuke = how are we going to abstain from sexual relations during the fertile period.»
- The use of condoms during the fertile period.
- The fact that religions are favorable to this method.
- Another childbirth at the time when the child is still very small with the possibility of becoming pregnant again.

3.3.2 Impact of SDM use on marital relations

According to the data of quantitative individual interviews, 90.9% of women related that couples agreed not to have unprotected sexual relations on certain days.

Also, 92.2% of male users said they had agreed with their spouses to not having unprotected sexual relations on certain days.

Figure 2. Breakdown of female users by level of education who have agreed with their spouse to abstain from sexual relations on certain days



This graph shows the details, by level of education, for 90.9% of women interviewed who stated that the couple had agreed not to have unprotected sexual relations on certain days. Thus, we can see that more educated women were better able to discuss with their spouses than those with low instructional levels.

Again, the majority of couples said that the SDM is a method that strengthens marital relations because it leads to dialogue between partners. Along the same lines, some partners stated that the use of CycleBeads had contributed to reducing family misunderstandings in relation to FP.

Some users of the method also said that thanks to CycleBeads, they have freely consented and planned sexual relations that allow them to avoid undesired pregnancies.

Finally, a small number of couples interviewed stated that the SDM improved not only the exchange of ideas between partners but also that they had increased trust in each other, mutual respect, and that they felt at ease.

We noted that partners reminded each other about the fertile periods, examined the calendar together, and used condoms. They also collaborated in moving the black CycleBeads ring. In unexpected cases, the women said they slept in separate beds during the fertile period.

During the interviews with pregnant women, 30% of cases reported that the use of CycleBeads changed or affected marital relations between the pregnant women and their husbands. It also caused changes among 37.2% of female users and their husbands and 43.1% of male users said that they found positive changes after they started using the SDM.

3.3.2.1 Positive effects of the SDM on couples. Most persons surveyed agreed that the SDM has proven to be a simple method to use in relation to other methods available that has positive impact on couples.

- It contributed to solving family conflicts, strengthened marital love, by stimulating an environment for dialogue and trust between partners, who claimed having abstained during the fertile period.
- It has caused men to monitor the menstrual cycle of their wives, speak about sexuality, reproductive health, and family planning.
- It also contributed to family development because all family members are strong and active: «*rwatumye urugo rutera imbere kuko dukorera urugo twese dukomeye* = *the family gets ahead because everyone works hard*» said a male user, 37 years of age.
- The SDM contributes to helping couples fight family poverty and to invest in family savings.
- It also contributes to the health of women and their children. According to female users, the use of CycleBeads also prolongs breastfeeding. The child grows up well, maintaining the health of the mother and child. One female user stated that the use of CycleBeads allowed her to treat the negative effects caused by birth control pills.

3.3.2.2 Negative effects of the SDM on couples. It was reported that some men are not happy because they are compelled to abstain from sexual relations during the fertile period. Therefore, some women users risked being rejected because they used the SDM without mutual consent of the couple.

Very few female users had either considerable difficulties in managing the fertile period or gave up the method.

According to the survey, very few female users deceived their husband about menstruating, but instead told them that they are in the fertile period.

3.3.3 Couples' management of the 12 fertile days

The vast majority of user couples interviewed (90.2% males and 95% of females) found the management of the 12 fertile days easy. Also, most women (82.6%) declared that it is easy for their husbands to manage these 12 fertile days.

When asked about their sexual behavior during the fertile period, we found that most male users, or 34 of the 51 interviewed (66.7%) abstain, 10 use the condom (19.6%), while 6 men (or 11.7%) practice withdrawal. Along the same lines, about 25% of women interviewed said they sleep in separate beds.

In response to what they think about abstinence during the fertile period as a way to avoid pregnancy, male users answered as follows:

Twenty-two men said that this is not a problem for them; 12 answered that it is useful for them to abstain because it prevents them from bringing a child into the world without regard; 8 said they resign themselves during the fertile period to accomplish the couple's goals; 4 said that it is difficult to abstain, 1 among them stressed that he combines abstaining with other methods.

Most female users asked their husbands to control themselves and/or they caressed until reaching orgasm. Very few female users refuse to negotiate sexual relations with their partners without consequences. There are some female users, nevertheless, who accept unprotected sexual relations with their husband during the fertile period without condition, they said, because *«one cannot refuse anything to the head of the household.»*

The majority of female users state that they are able to manage the 12 fertile days because of their knowledge of the white bead period and because of the calendar.

A large number of female users also claim that the management of the 12 days is made simple because of moving the black ring daily which is facilitated by regularity and managing the menstrual cycle.

For most female users, the reason for being afraid of becoming pregnant again motivates them toward a scrupulous management of the 12 fertile days.

Some female users said that now their husbands are encouraged to follow the menstrual cycle of their wives, whereas prior to CycleBeads, the men were not very worried.

Most female users interviewed inform their husband about the status of their fertile day period.

Some female users said that their husbands also had their own CycleBeads for reasons that were not explained.

A few female users stated that sometimes they wished to have sexual relations during the fertile period but that their husband preferred to abstain :*«Byaratworoheye kuko hari igihe mba mbishaka we akanga » (It has happened that I wanted to have sexual relations during the fertile period, but my husband refused)»* said one female user.

A few female users reported that their husbands sometimes became indifferent during fertile periods.

During the last cycle, about 60% of pregnant women said that they had sexual relations during the time they were on the white beads. It is also worth noting that 55% of pregnant women said they had sexual relations but that they only noticed that they were on a white bead when it was too late.

3.3.4 Influence of alcohol on abstinence during the fertile period

During the FGD, some women claimed that their partners and/or they drank alcohol during the fertile period. Among the women who said that their husband drank too much alcohol, most said that when their husband is intoxicated, abstinence becomes very difficult and that they prefer to use condoms or sleep in a separate room.

Also, most male users claimed that periodic sexual abstinence is not easy after drinking a little alcohol. They said that they try not to drink too much during the 12 fertile days.

3.3.5 Involvement and participation of men in SDM use

Most men, or 93.4%, are involved in the use of CycleBeads according to the opinion of female users. We found that among most couples, women suggested the use of CycleBeads for FP and men made the decision to use them. Among very few couples CycleBeads were suggested by husbands to their wife. We also noted that in some couples the man reminds the woman of the arrival of the fertile period.

Most of the husbands participate in moving the black ring of the CycleBeads to help their spouse manage the 12 fertile days. For most couples, partners share the role, the wife moves the ring and the husband follows up on the calendar.

3.4 IEC on the SDM and information sources

This section is about information delivered to the actors involved in SDM use and instruments for dissemination.

During the FGD, when asked how they received information about the SDM, many female users said that they had been informed by providers, CHW's (or educators from the ARBEF). A small number said they were informed about using the method by listening to Radio-Rwanda and reading newspapers (without saying which.) Local authorities accompanied by CHW's were also mentioned as sources of information.

Information sources quoted by male CycleBeads users were mainly community meetings at social units and sectors, and radio. There are also very few at all sites who were informed by their neighbors and health providers.

The CHW's said that they had received information from Ministry of Health educators, providers, and supervisors.

Other sources mentioned also included leaflets handed out by health centers and from ONAPO clients in other modern FP programs.

3.4.1 Information/messages received

Practically all clients seen during the FGD stated having received information on the fact that CycleBeads is a method free of side effects, contrary to other available methods, as pointed out by this interview: *«the use of CycleBeads has no side effects, while injectables cause excessive increase in weight and one finds out that nothing is like before (ugasanga nta kigenda»* said a user in Mayange.

All female users of the method who participated in the FGD show that the information was well received with essential aspects understood. Thus, most answers converged on the principle that the SDM had arrived in Rwanda since 2002 as a new natural family planning method that uses CycleBeads corresponding to a woman's cycle. The women explained that the red bead marks the beginning of menstruation, that from there one should move the black ring each day, that the brown beads indicate the period when one can have unprotected sexual relations, while the white beads tell them that they are in their fertile period and must abstain from unprotected sexual relations if they did not want to become pregnant.

Others claimed that the CycleBeads method only succeeded because of the partner's collaboration, it was not introduced to substitute existing methods, and that it is used by women whose cycles range from 26 to 32 days.

The same information received on the SDM by female users is echoed by male CycleBeads users but they added that they found out that the method does not involve any expense.

Among non-users at the FGD, many said that they knew of the existence of the method, while few declared never having heard of it. Even among those who said they knew of the method, we found that their reasoning is vague and sometimes hard to understand. In spite of the fact that these women are not SDM clients, many knew something about the advantages of the method. An example is given by a woman who said *«about this method, I heard that a person can know when she can become pregnant or space births, and that it does not affect the body»* declared a 36 year old woman, mother of seven children.

The responses of male SDM non-users to the same question are equally diverse. There are those who said that this was the first time they heard of it and others said they knew a little about it. In relation to what they remembered about this method, among the very few who responded, there were some who gave some significant answers. From these we can cite the one who said that this is a method that allows having the number of children desired; at the time desired, those who added that this is the best method because it has no negative effect on the body; or those who said that this method is not in contradiction to anyone's religious beliefs. The following case, of a Pentecostal man, 38 years of age, and father of five, is the most outstanding: *«I heard it said that the CycleBeads method is one that can be accepted by different religions that normally do not accept the use of modern methods such as birth control pills, condoms, injectables, etc.; Like the Pentecostals for example, who say that «using condoms, is to kill», they can use this method.»* “Njye numvise ko urunigi ari uburyo bushobora kwitabirwa n’amadini amwe n’amwe atari asanzwe yemera uburyo bumwe na bumwe nk’ibinini, udukingirizo, inshinge n’ibindi. Nk’abapantekote bavuga ko gukoresha agakingirizo ari ukwica, bashobora kuzarukoresha.»

Some male non-users said they did not have information on CycleBeads but that they were ready to use them. Others (very few) said they had some information but had no intention of using it, such as this non-user of Save (Muslim who did not complete primary education) who declared: *«when the CycleBeads were presented to me the first time, I really thought I saw 'ATASUBIRI' «(Muslim beads), and I became wary of them (narabipinze) and left immediately. »*

The information most often received from CHW's also has to do with the appreciation of CycleBeads being presented as a family planning method without negative effects on a woman's life.

Other information received by CHW's:

- CycleBeads represent 95% effectiveness in family planning;
- It is a method that requires cooperation between partners;
- Many use this new method without difficulties;
- CycleBeads are easy to use.

3.4.2 Information delivered to families by CHW's

To the question about the main information given to couples by CHW's, the latter responded that they explained how to use the method and the advantages it represents.

The key information delivered to families by CHW's:

- In comparison to other methods, CycleBeads is a good method because it does not incur any expenses (Ruhango health CHW);
- It is a complementary method to others but without effects on the user's life (Munyinya health CHW);
- The different colors of CycleBeads and what they refer to (Rubengera health CHW);
- Explain the consequences of the lack of family planning to couples and encourage them to use CycleBeads after having explained the advantages of their use (ARBEF health CHW);
- CycleBeads are the source of good relations of the couple because they establish a dialogue (Mbazi health CHW);
- The method is used by women having regular cycles and the black ring is moved from the red bead that corresponds to the beginning of menstruation (Kibuye health CHW);
- Explain demographic problems to clients considering the lack of property in Rwanda (Gisovu health CHW);
- The CycleBeads should be kept in a convenient place for users, away from children, to avoid forgetting or damaging it (Bungwe health CHW).

During the FGD, some CHW's seemed to say that they did not have adequate information on the CycleBeads and others claimed not having had any specific training on the use of the new method. This is the reason why their answers sometimes were incorrect and required special attention, such as a CHW at SAVE, who said: *«A woman who uses CycleBeads is capable, later in life, to become pregnant. This is difficult for a woman who uses other methods, especially birth control pills and injectables»* or the CHW from Mbazi, who said that *«CycleBeads are an easy method but require calculation skills.»*

The tools used by CHW's consist of a calendar, CycleBeads, notes taken during training, and leaflets. On this point, CHW's in rural areas said that they did not have materials or enough training in relation to CycleBeads.

CHW's reported that meetings with clients were held at units or sectors, visits to the CHW's or the clients themselves, and other public meetings, such as marriage ceremonies.

3.4.3 Importance given to information and messages received about the SDM

In terms of counseling and information delivered by providers, female users received the information enthusiastically because, they said, this information came from people who could be trusted. Recurrent information consists of statements that after they received counseling from providers, they were able to space births.

Some thought the information they received from providers was sufficient but others requested additional training on CycleBeads. *After we began we received no other information and do not have any until now,*» remarked a female user, working at Gisovu.

Two female CycleBeads users expressed pessimism: one agricultural worker in GISOVU was disappointed at not receiving anything special (*«ntacyo ndumva bavuga gishya»*); another agricultural worker, also in Gisovu, said she did not meet the provider again after beginning the method.

Female CycleBeads users responded that they received the information on CycleBeads. Some go as far as saying that they were delighted because other methods were inappropriate for them. They said they were enthusiastic about learning the new method that responds to family problems: *«it is a providential response,*» said a Protestant woman in Rubengera.

Another account by a female user at Mugonero on the appeal of CycleBeads: *«We found that it is a different method from others and we have accepted it to experiment and weigh its effectiveness (ngo tuzarebe ko izatugirira akamaro).»*

Some women were concerned at the beginning because the 12 days seemed really unbearable and consequently their husbands would not accept the method. Conclusively, women claimed, in case of need, that they consider the method preponderant, except for one who said that she found nothing new (nta kidasanzwe); another seemed to say that she trusts the method because it was taught by agents working in FP (of the ONAPO): *«everything they tell me (these agents), I consider to be true»* Pentecostal agricultural worker.

Male users proclaimed the same receptivity as women. They add, however, that they were resistant at first; even resistant to the information their wives gave them about CycleBeads, but that they finally understood, especially after meeting with the provider.

The acknowledgement on this point is that male CycleBeads users who met with providers from the onset, could convince their wives easily to use CycleBeads, while the opposite caused problems: the women found difficulties in convincing their husbands to use the method. The husband is only convinced after a joint meeting with the provider.

A male user said that he underestimated the CycleBeads because of their small size and appearance *«In seeing the little CycleBeads, I discarded them automatically (nkibona ako kanigi nahise nkanga!) I only made my decision later»* said an ARBEF client.

The majority of male non-users, who understood the provider's information, considered it of high importance. Among male non-users, some thought that it is a method backed by the State, and thus, because it should be considered as such, it seemed that it had become an obligation. In reference to counseling and information to non-users: most consider the information in their possession adequate and convincing, while other male non-users say that they have never seen a provider (which is normal, because we chose the participants in this category at random, among the users of health facilities).

In terms of female non-users, we find that there are a small number of women who did not receive enough information about the CycleBeads. Others have information but fear resistance from their husbands, who do not want to use CycleBeads as a means of family planning. Very few non-user respondents also point out that they do not want to use the method without some argument.

The CHW's responded that they receive the information from providers with interest because, in turn, they need to disseminate it to other clients. The comments by CHW's lead us to believe that they hold training for the public about the SDM. They find, however, that their knowledge is not adequate because they have not had sufficient training.

3.4.4 Influence of information received on the decision to use the SDM

Many female users who received information on the SDM decided to use the method. They welcomed it as a method that frees them from the old methods:

«I had many children and the information received on the CycleBeads allowed me to see its difference from other methods; I began using them immediately,» Kibuye worker.

Like female users, male users who received information on CycleBeads also made the decision to use them. Men, however, reacted differently to women, as they explain; they were skeptical and reticent about the initial information: *«my wife really rejoiced but I was less enthusiastic at the beginning. Nevertheless, the information allowed us to use the method»* Mayange agricultural worker.

Some female non-users who heard about the CycleBeads during the FGD said they were ready to use them. They admitted being victims of lack of information. Other female non-users believed that in spite of the importance of the information received, that their husbands would reject the CycleBeads.

A Muslim female non-user said that she found CycleBeads a perfectly convenient method because, according to her beliefs, the use of birth control pills or injectables is a sin. We also found some cases of female non-users who stated that they would not use the SDM.

During the FGD, a large number of male non-users said that the information received would allow them to use the CycleBeads, beginning with awareness building with their wives and others, if needed. These men knew that their wives would be favorable to the use of the method if they were informed. They raised the following arguments:

- Other methods affect women negatively;
- It is easy to talk to their partners about the SDM without being ashamed;
- She will have time to work on the management of the method;
- Unplanned births weaken women;
- CycleBeads do not require any traveling or transportation expenses;
- The SDM differs from the condom which «reduces» sexual pleasure.

Most CHW's stated that the information received revealed many novelties about FP methods in general, and about CycleBeads in particular. Most CHW's decided to use the method themselves as a result of this information even though some were not formally registered by the provider. Certain CHW's even started to approach religious groups, (who rejected artificial methods) as a result of information about this method to speak, to them about the CycleBeads. This was welcomed by many health centers managed by religious groups.

However, the information received only made sense after method explanation, especially in terms of practice, functioning of the CycleBeads, and even the beads themselves. «*What do the CycleBeads look like? How are they used? Are they a kind of cheap jewelry or what? Where should one wear them? Around the neck? Around the sexual organs?*» (Ruhango health CHW who completed artisanal school.)

3.4.5 Discussions on the SDM with third parties and their reactions

The persons most cited, with whom female users discussed the subject, were mainly neighbors and other female friends. Information was also discussed during spiritual meetings. Women also brought up the subject at the workplace with their female colleagues. One user at Mbazi said that she informed a male neighbor.

According to almost all female users, discussions were mainly about problems in the country in general, and in households in particular, as a result of demographical problems and negative consequences that affect a woman's life particularly. From there, the discussions addressed possible solutions, such as resorting to family planning methods that include the new CycleBeads method.

Other discussions featured the use of the CycleBeads, such as the need of the couple's consent, sexual abstinence during the white bead period, the advantages of CycleBeads in relation to other methods, etc.

One female user at Gisovu points out though that she never talked to anyone about the method because she did not have enough knowledge on the subject.

The female users surveyed mentioned that, during their discussions, their listeners agreed that the method seemed appropriate for them, but doubted whether their partners would accept the periodic abstinence of 12 days, especially those who drank too much alcohol. Others assessed the method and requested a wide range of information to implement it. Meanwhile, a few listeners were hesitant and said that they would use the method after having seen the results from current users. From the above, we can see that women discussed the problem almost exclusively with other women and that men were not addressed adequately.

3.5 Client satisfaction with the SDM

This section shows how clients rate the SDM. They express themselves for or against the method (with supporting reasons), having been informed, or having used the method.

3.5.1 Positive opinion about the SDM

Female users declared that it is an easy method to consider that does not require any higher skills. Also, it is a method that one can use at any time, even when ill, one can move the ring on the CycleBeads. It also allows saving time; and money avoiding trips to health facilities.

We tried to see if, in general, male users are satisfied with the SDM, and all men responded positively, stating the following main reasons:

- The method does not produce undesirable effects;
- It allows avoiding unwanted pregnancies;
- The method is not contrary to religious beliefs.

To find out whether their wife is happy with the SDM, all of the men asked responded affirmatively.

In addition to the reasons given above, male users appreciated the SDM because it is a simple, natural method that only requires attention in marking the days on the calendar and moving the ring, so that even the illiterate can use the method without complications. A man from Save, 37 years old and a Catholic, added that the CycleBeads conform to his religious beliefs, are free from any side effects on a woman's health, and that the method is free of charge. The method also allows spacing births to the time desired and decided upon.

A considerable number of male and female non-users also considered the CycleBeads and expressed their satisfaction with the method, such as one who declared: *«We appreciate it because of its harmlessness, and as an additional advantage, one can become ill unexpectedly and not have to go to a health facility for another method. With CycleBeads, even when one is sick, there is no problem.»* (Protestant woman at Gisovu.)

CHW's declared that it is a method that does not harm the body and is easy to use, learn, and to teach, without any religious implications, and that does not require traveling long distances to find the method at health facilities; it has no side-effects because it does not consist of a method that requires pills or injections. It is free of charge, does not cause weight gain or loss, and allows knowing the fertile period to avoid pregnancy or to become pregnant. According to the CHW's, the population appreciates the method highly because it was not satisfied with the other methods.

Qualitative survey results also showed satisfaction of the beneficiaries.

Consequently, most female users interviewed declared being satisfied because the CycleBeads do not have any side-effects on the body as is the case with other methods. Another reason for their satisfaction is that the CycleBeads allow them to space births as they like or that they can wean their child when it is already well developed. Some women are also satisfied with the CycleBeads because the method is compatible with their religious beliefs.

3.5.2 Negative opinion about the SDM

The great majority of female users declared not having any negative criticism in relation to this method. The only negative remarks made are in relation to the fact that the method is not convenient for some women, especially those who do not have menstrual

cycles ranging from 26 and 32 days and that the periodic abstinence period of 12 days would be too long for certain men.

For male users, most stated not having any negative criticism in relation to the SDM, but some among them brought up the same comments as female users stated above.

Male users added that the method does not protect against STI's. A male non-user, 47 years of age, at mugonero shows that he did not understand the use of the CycleBeads and states: *«What I deplore about the CycleBeads method is that one must be careful to move the ring on the beads after each sexual relation. The question I ask myself is that if one has three sexual relations a night, one has to move the ring three times?»*

For most CHW's, the introduction of the SDM in their activities has not greatly affected their workload. Only three of them stated that that they had to make long and tiring trips without any monetary reward to support the household.

«We take long trips, this tires us, and our husbands reprimand us because we do not receive any compensation,» Bungwe female health CHW.

Also, while most CHW's state not having anything against this method, some say that since the SDM cannot be used by everybody, it can frustrate certain women who have a menstrual cycle that does not adapt to the method's use but who would like to use it.

Another point that stands out is that CHW's complain about not having received enough training to be able to explain the method effectively to the population, and the absence / lack of instructional material.

3.5.3 Clients' perceptions of the quality of SDM services received

The FGD with male and female users show that the latter appreciate the quality of services received overall, even though some of the clients complain that providers do not give them enough time for counseling. At some sites, some users (especially the most educated) revealed that providers do not answer all their questions about the CycleBeads. Some cases have been reported where clients were unable to receive the CycleBeads (without any explanation to them) even though they had requested them.

We also found some declarations by clients (notably some male users at Gisovu) who did not appreciate the information received from providers because they believed it was confusing. We must remember that on this subject and at the time of this assessment, the Gisovu health facility did not have a provider trained in the SDM who could explain these clients' comments.

Also, less than half of users (19 men of 51, or 37.3% and 50 women of 121, or 41.3%) said they returned to see the provider after they began using this method. At this point, one should ask whether the providers knew whether clients, among those who did not return, were still method users or had dropped out altogether!

Among the 41.3% of women who went to see a provider, many went to see him/her because they wanted to talk to him/her. Others considered their visit to be within a usually programmed framework. For others, the main reasons stated were as follows:

- Recount the days with the provider after a change in menstrual cycles (reasons to return);
- Counseling on the proper use of the CycleBeads such as reminders to move the ring;
- To be recorded on the list of those who use the CycleBeads without problems;
- For explanations on unusual secretions noticed after menstruation.

Male users (37.3%) went to see the provider for the following main reasons:

- To receive thorough explanations about CycleBeads use;
- To thank them for the results obtained because of the new method;
- To speak to the provider about a change in his partner's menstrual cycle.

As a result of their visits, these men said that they appreciated the discussions they had with the provider and that they could return to see him without any problem if they had a question about the CycleBeads.

The interview with pregnant women showed that they went to see the provider for various reasons, such as:

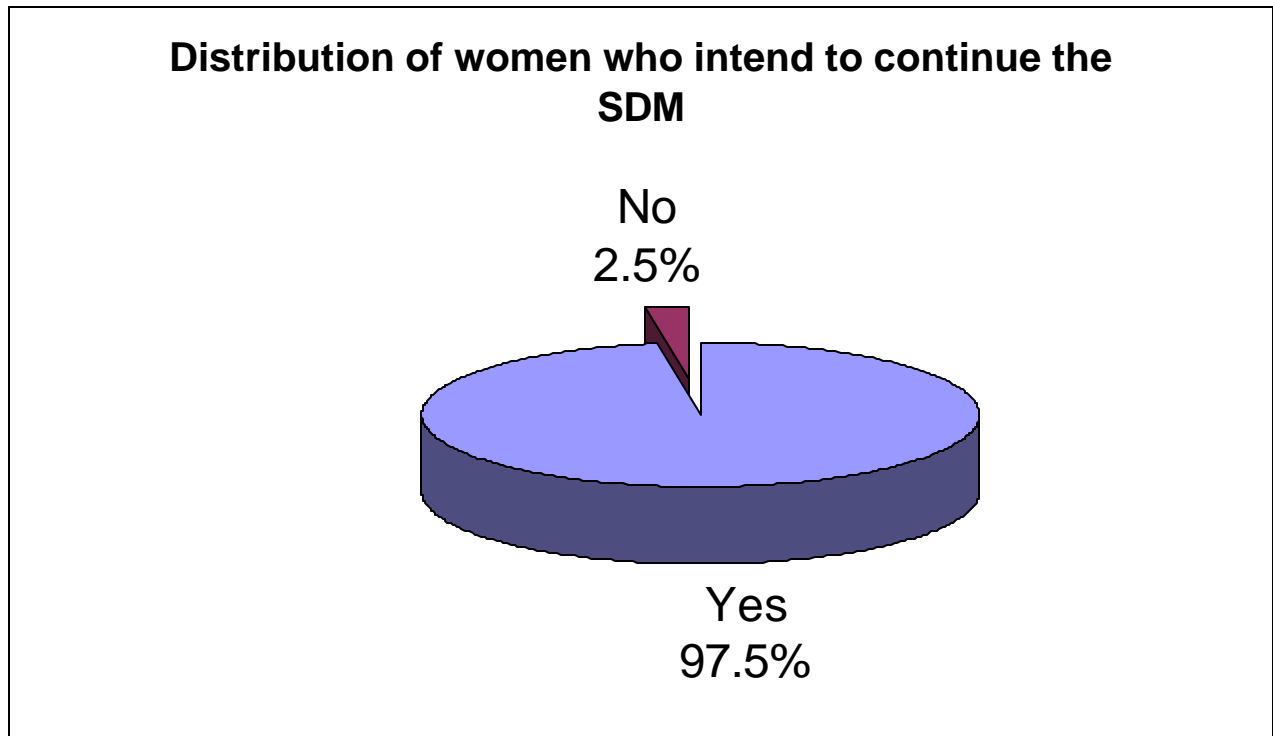
- To take part at the regular meeting for CycleBeads users;
- Suspend the use of the CycleBeads to become pregnant voluntarily.

3.5.4 Intention of continuing or discontinuing the SDM

The female users at the FGD declared unanimously that they did not intend to stop using the SDM, especially because the method allows efficient family planning, without provoking any side-effects: «*We are going to continue the method; it is good; it brings love to the family, no side effects, and religious denominations say that the ONAPO methods kill children,*» said a woman from Rubengera, 30 years old, civil servant, not having finished secondary education.

This is confirmed by the women interviewed, where 118 of 121 (97.5%) said they intended to continue using this method for the next three months. The same break down of women (97.5%) indicated that their husbands agreed to continue to use this method during the next three months. The following graph shows this more clearly.

Figure 3. Breakdown of women who intend to continue the SDM



On the same subject, 116 female users of 121 (95.8%) acknowledged that they intended to continue using this method next year. Those who responded negatively said that they wanted more children or that their husband did not want a method.

To the question if their husband was in agreement to continue to use the method the next year, a considerable percentage, 93.4% of female users (113 of 121) responded positively. This response by women matches that of their husbands, who, to the same question about whether they would like to continue to use the SDM, all responded affirmatively. One said the following: *«I am going to continue; I have reached my goals using this method; I became lucky and do not have any problems,»* according to a Protestant man, 27 years of age, at Bungwe.

The large majority of male users, or 94.1% (48 of 51), also declared that their wife wanted to continue to use the SDM the next year, as exemplified by a man from Munyinya, 29 years of age: *«A woman becomes better adjusted because she is free from all constraints, the fact of carrying one child on her back, another in her arms, in addition to a full term pregnancy, does not allow her any rest. Now we find her happy at work; she rises and goes to the field, no longer ill because of so many children; it makes dialogue become more intimate,»* he adds, having completed primary education.

CHW's stated that they believed the households in their areas would continue to use the SDM, and that many others wished to use this method.

3.5.5 Opinion of CycleBeads as a tool to facilitate the SDM

Most of the female users stated during the FGD that the CycleBeads are a good tool to use and maintain, especially because they are not introduced into their body, while continuing to be effective.

To the question whether or not it is easier to use the SDM with a calendar or an image of the CycleBeads, but without having the real CycleBeads, the large majority of women interviewed stated that it is easier to have the CycleBeads in their possession to use the SDM, because another symbol could easily induce them to errors. The fact that the white beads glow in the dark tells them how to behave during the fertile period, which would not be the case with a simple symbol.

Only one 22 year old woman met at Mayange, declared: *«I am used to using the buttons; I will not know how to use the CycleBeads without learning first, and I cannot understand the meaning of the beads, except for the white beads.»*¹

Most of the female and male non-users stated that the CycleBeads are a good family planning tool. The few respondents of this category who did not admit this were those who did not yet have enough information about their existence and use.

3.5.6 Preference of CycleBeads colors

To the question relating to the preference of CycleBeads colors, responses were different but tendencies are the same for all users without distinction of gender.

Therefore, most respondents indicated that they preferred the brown beads because they show the period during which they can have unprotected sexual intercourse at ease without any risk of becoming pregnant.

Other couples, however, liked the white beads because they indicated that they needed to be careful not to deviate from the goal set by the couple. In this regard, men mentioned that the white beads allowed them to decide together on behavior, while some women liked these beads because they imply the calm period where they rest from sexual relations.

Some respondents said they liked all the beads because they give information and each period has its particular significance.

In terms of the least preferred bead color, answers were also similar and the same tendency is indicated by men and women alike.

Most male and female users said that did not like the white color, among others, for the following reasons: there are many days of abstinence and it is the period during which one feels much desire to have sexual relations. Some men explained that it is difficult for them to abstain or to use a condom and/or that they do not like to use a condom.

¹ This has to do with a case in which female users are not officially registered in terms of having received CycleBeads from CHW's or providers. For lack of sufficient CycleBeads at CHW's, some women share a single CycleBeads that is kept at the CHW's, or others create their own, which, unfortunately, is the case here.

Other women said they disliked the red bead because they feel pain during their menstrual periods.

Also, some women did not like the brown beads because sexual relations are very frequent, and tiring, while others are no longer interested in this type of frequency. We also met women who did not like the dark brown bead because it shows them that they will be menstruating.

In addition, some men declared that they have no preference and that they are well adapted to the CycleBeads on the whole.

3.5.7 Use of CycleBeads in relation to personal beliefs

Most persons interviewed found the CycleBeads compatible with their religious beliefs and their culture.

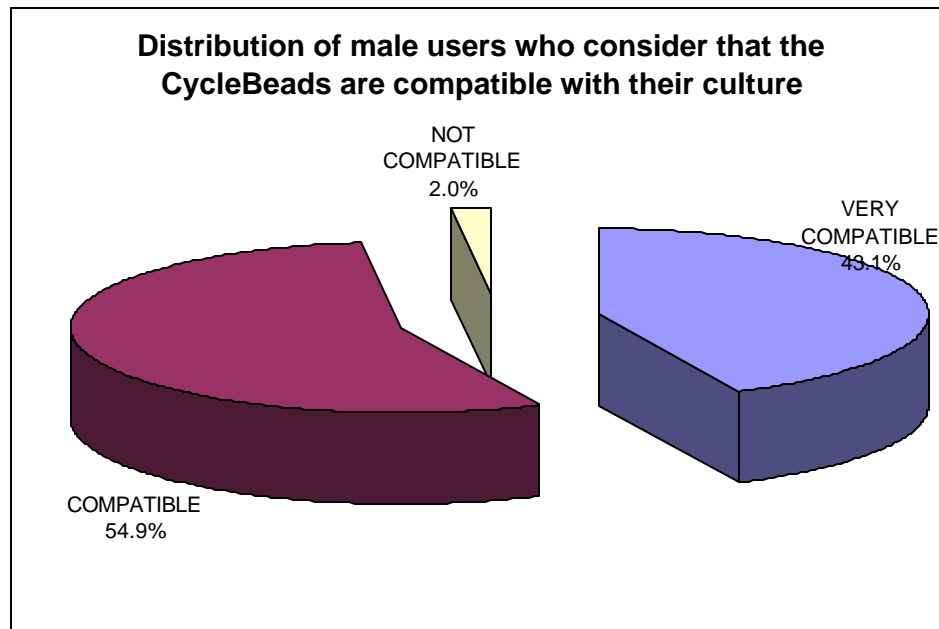
Thus, 60.3% of female SDM users interviewed individually showed that the SDM is compatible with their culture, while 39.7% of all users said that the method is very compatible.

In terms of religious beliefs, 40.5% of female CycleBeads users said that the SDM is very compatible with their religious beliefs, 56.2% said it is compatible, and only 2.5% declared that the SDM is not at all compatible with their religious beliefs.

Forty three point one percent of male SDM users reported that this method is very compatible with their cultural values, while those who declared that the method is compatible amounted to about 54.9%. Only 2.0% said that the SDM is not at all compatible with their culture.

This information is well reflected on graph 4 that follows.

Figure 4: Breakdown of male users who consider that the CycleBeads are compatible with their culture



In relation to compatibility of the SDM with religious beliefs, 37.3% of male users declared that the SDM is very compatible with their religious beliefs, 54.9% said that the SDM is compatible with their religious beliefs, and only 5.9% related that the SDM is not at all compatible with their religious beliefs.

Ten percent of women interviewed who dropped out of the SDM declared that the SDM is very compatible with their cultural and/or religious beliefs, 80.0% mentioned simply compatible, and only 10.0% related that the SDM is not compatible with their cultural and/or religious beliefs. (Note: Here the incidence becomes important because of a reduced number of interviews.)

Of women who conceived while using the SDM, 60.0% declared that the SDM is very compatible with their cultural and/or religious beliefs, 35.0% mentioned only compatible, and 5% said that the SDM is not at all compatible with their cultural and/or religious beliefs.

3.5.8 Comparison of the SDM to other FP methods including the Condom

To reveal what user couples learned about the condom, some female users answered that no one had talked to them about the condom because they were only interested in the CycleBeads; 5 women mentioned never having seen a condom. Some women, nevertheless, knew something about it and said that it is a tool used in FP and to avoid HIV and STI infection.

Female non-users were asked how they compared the CycleBeads method to other FP methods. They answered that the desirable aspect of Cycle Beads is that it has no undesirable side-effects.

In relation to the CycleBeads method compared, in particular, to the use of condoms, they answered that they did not know how to use a condom and would have to have used it to answer.

Male non-users responded that the CycleBeads are a great advantage over injectables and birth control pills because CycleBeads can be used at home, without having to travel or spend money, and that it has no side-effects on the female user. In comparing the use of condoms and CycleBeads, they favored the latter because, according to them, the condom can remain in a woman's sexual organs, and the possession of condoms means, in the eyes of some, that one is sexually promiscuous.

On the use of condoms during the fertile period, we found that 26 of 121 female users interviewed (21.5%) used them. Among female condom users 64.5%, or 17 of 26, obtain them at health facilities, 23.1% (6 of 26) in private pharmacies, two in shops, and one received them during FP awareness building meetings.

On the same subject, 12 men of 51, or 23.5% of male CycleBeads users said they used the condom during the fertile period. The break down of those who obtained them at health facilities is 66.7% (or 8 out of 12); 16.6% (2 of 12) purchased them in private pharmacies; 16.6% (2 of 12) at shops or kiosks.

3.6 Attitudes and experiences of health care providers and community health workers (CHW's)

3.6.1 Impact of SDM introduction on the general use of time by health providers and community health workers

As indicated before by CHW's, many among them recognize that they gained knowledge and that they have provided a good service to the public. Others, nevertheless, say that their workload has increased so much that they should be compensated. Very few CHW's reported that their workload has not changed.

We must point out that the providers working at different sites surveyed have been working in FP for a long time: of the five providers, the least experienced has worked in the field since 2001, while the most experienced has been working since 1989.

Overall, providers would like to continue to offer the SDM, but one can see that their workload has increased. Some are compelled to alternate with untrained providers, and others said that they did not have enough time for counseling and follow-up of couples.

3.6.2 Facilities that offer the SDM

This question was concerned which facilities had providers and CHW's doing awareness building on the CycleBeads method.

In general, the large majority of providers met, or 23 of 25 (92%), found it easy to distribute the CycleBeads and are confident in offering the SDM.

To another question asking them if they had difficulties offering the SDM as a FP method, however, seven providers of 25 interviewed (28%) recognized that they had difficulties in teaching the SDM to couples. This confirms the cases of false responses to questions about knowledge in providers' interviews, which shows that some among them have not yet mastered the basic information on CycleBeads. Thus, for example,

- Eleven providers of 25 interviewed, or 44%, stated that women who had a miscarriage or false labor can use CycleBeads;
- Ten providers of the 25 interviewed, or 40%, stated that women who had stopped the use of birth control pills, implants, or injectables could not use CycleBeads;
- Four providers of the 25 interviewed, or 16%, indicated that breastfeeding women cannot use the SDM;
- Ten providers of the 25 interviewed, or 40%, agreed mistakenly that couples at risk of sexually transmitted infections are candidates for the SDM.

The three first cases of women mentioned are not automatically excluded from the SDM. Actually, we know that women who had a miscarriage or false labor can use the SDM if, before conceiving, their menstrual cycles ranged from 26 to 32 days. Also, if after delivery a breastfeeding woman has had three menstrual cycles and the most recent fell in the range of 26 and 32 days, she is eligible for CycleBeads; users of injectables can also use CycleBeads if three months have passed since their last injection and if their menstrual cycle ranges from 26 to 32 days. Those who use hormonal methods and had menstrual cycles ranging from 26 to 32 days before using these methods, are also eligible for CycleBeads. In relation to couples at risk of sexually transmitted infections, we know that the SDM does not protect them against infections, which would make the method useless for them.

To the question of what providers do when they encounter difficulties, some answered that they continue counseling until the person understands sufficiently, others said that they help each other and complement each other among colleagues. For others, in case of difficulties, they ask their superior or consult with the health district.

Regarding their ability to satisfy needs expressed by clients, CHW's interviewed said their skills were limited to their training, and questions that are beyond them are referred to the provider for resolution.

A small number among them however, stated really having the skills required to answer all the questions that are asked. As an example, one Save CHW, 53 years of age, said: *«I see that my skills are adequate, because in my interview with a man, who might have had a little alcohol, I tried to remain humble and begged him to accept the conversation.»*

Advantageous aspects of their work mentioned by CHW's are, among others:

- Individual, not collective awareness building;
- Speaking about the subject with religious representatives;
- Finding couples at home, in a familiar environment; having the training material readily available for them; speaking about the subject during community meetings;
- Speaking with those who have continual births; speak about the subject in association meetings.

Community health workers state that after the introduction of the method in their activities, their offer of services grew steadily every day and that users express their satisfaction with this new method, which does not change their physical or mental health. The CHW's believe firmly that they have acquired new knowledge that allows them to perform their tasks more efficiently, especially in informing and training women who need to use modern methods such as the SDM: *«Our value and our work have grown. Before, when a woman reacted negatively to modern methods, we also felt helpless. Now, the women are satisfied with the SDM and we are proud»*, Mayange health CHW.

3.6.3 Difficulties in offering the SDM

Even if overall the large majority of CHW's said that awareness building about the SDM does not pose any problems, some CHW's indicated difficulties encountered in relation to the CycleBeads:

- Some people tell them that planning births does not make sense in Rwanda today after the genocide that decimated the population;
- Many of the male non-users say that they cannot abstain during the twelve days of white beads;
- Some men do not want to go with their wife to a health facility;
- Some women are unaware of the days of their menstrual cycles;
- Some people in the community, who seem better educated, say that the fertile period is 6 days and not 12;

Most of the providers, nevertheless, or 18 of 25 interviewed (72%) stated not having any difficulties in offering the SDM, and 92% (or 23 of 25 interviewed) are confident about the way they offer the SDM.

3.6.4 Need to continue offering the SDM

All of the providers interviewed expressed interest in continuing to offer CycleBeads as a FP method.

The CHW's have affirmed their wishes to continue awareness building because, according to them, it is important that families in Rwanda know that their childrens' and their own well-being will depend on the way they space births, considering their and their country's poverty.

Consequently, almost all of the other CHW's claim material support to continue their work efficiently; they found that the SDM itself is no problem.

3.7 Respondents' suggestions for improvements

This section reflects the wishes of those interviewed in relation to improvements to be implemented in view of the enormous success of CycleBeads use in Rwanda.

3.7.1 Improvement of CycleBeads and other related materials

a) Suggestions of female and male users

Overall, almost all persons met during the FGD and those who responded to the individual interviews did not find much to improve in the composition, use, and learning of the CycleBeads. In reference to material related to CycleBeads, a large part of male and female users stated that there is not much to change regarding the calendar because it is considered to be an efficient reminder when the 1st day of the menstrual cycle is recorded. They recommended that the CycleBeads should be maintained as they are. Meanwhile, certain suggestions were made by respondents, as follows:

- A softer and detachable ring;
- CycleBeads manufactured with more sturdy materials;
- Changing the dark brown bead because it can lead to confusion;
- The addition of condoms to the CycleBeads kit;
- Flexibility of the black ring;
- Triangular shape of the CycleBeads with a hook for hanging;
- Green beads instead of brown beads;
- A big calendar with numbers easily legible;
- Adaptation of the CycleBeads for women who have a menstrual cycle less than 26 days or more than 32 days;
- Reduction of the 12 fertile days.

b) Suggestions of community health workers

Almost all of the CHW's who participated in the FGD recommended that the CycleBeads should be maintained as conceived because they are easy to consider and to use by everyone. Thus, most of the CHW's indicated that there are few changes to be made to the CycleBeads (composition, use, and learning).

Meanwhile, a few changes were suggested by some CHW's interviewed:

- Increase the number of leaflets and other means of information;
- Create a more flexible and sturdy ring to make moving it easy without tearing;
- Make the dark brown bead of a more brilliant color such as yellow;
- CycleBeads of sturdy material, especially the thread linking the beads;
- Offer a larger, more legible calendar with large numbers to be seen even at a distance;
- Reduce the 12 fertile days;
- Adapt the CycleBeads for women who have a menstrual cycle less than 26 days or more than 32 days.

c) Suggestions of supervisors / providers

Supervisors / providers suggested additional training to become more confident in their skills to offer the method and to increase skills for improved assistance of clients (more in-depth knowledge on the use of the method, setting meetings with female and male clients, study trips in as much as possible, etc.).

Responses to individual interviews show that a large majority (18 of 25, or 72%) assess the CycleBeads as very useful, 6 (24%) find them useful, while only 1 provider (4%) thinks that they are useful but need to be changed. All of the supervisors find them very useful.

In relation to the calendar, 20 providers (80%) and 5 of 6 supervisors (83.3%) assess it as being very useful, 4 of 25 providers (16%) find it useful, and only 1 provider (4%) thinks that it is useful but need to be changed.

In regard to publicity, 17 providers 68%, and 4 of 6 supervisors (66.7%) mentioned that the awareness building tools are very useful, but 5 of 25 providers and 20.0% of supervisors indicated that these tools are useful with the need of some change, while 29.6% of providers consider them simply useful.

The provider's cue card is considered to be very useful by 20 of 25 providers, or 80%, and by 4 of 6 supervisors (66.7%). Four of the 25 providers (16%) find it useful and only 1 (4%) thinks that it is useful but need to be changed.

The providers' counseling guide is considered useful by 18 out of 25 providers (72%) and by 5 of 6 supervisors (83.3%).

It is a delicate matter, however, to suggest or even insist on certain considerations and wishes of persons interviewed. The wish to reduce the fertile days or to adapt the CycleBeads to women with irregular cycles shows that certain people, such as the CHW's, in charge of mobilization have not understood the reason for the 12 fertile days, and how we decided to suggest this period. This also shows a lack of information on the

essence of eligibility criteria for the use of the SDM and the reduction of risk of becoming pregnant while using the SDM. This reduction would, in effect, involve losing the efficacy of this method. Instead, we recommend increasing information about other alternative means, such as the use of condoms, which should be suggested as one of the methods of intervention. We must avoid conversation about a «miracle - method» that appears to substitute others. The SDM should be presented as a method in combination, or complementary to other methods available that continues to be useful and effective.

From the above, we can see that on the improvement of CycleBeads and related material, participants interviewed accepted the CycleBeads and related material as presented. Changes, nevertheless, in terms of a more flexible but sturdy ring, changing the color of the beads, the addition of condoms to the CycleBeads kit, the availability of a much more legible calendar, etc. deserve sustained attention. It is thus interesting to note that certain changes have already started and are being carried out:

- CycleBeads that can be unscrewed and include one spare ring;
- Calendar containing the years 2004 and 2005;
- A study is underway at Georgetown University to test a new natural FP method that will be easy and useable by most women with cycles outside of the 26-32 day range.

In terms of the calendar, it is important to remember that couples can always use a regular calendar without waiting for those distributed by the health facilities.

We must note the confusion in relation to the clients' reminder card; it is the one used ordinarily by FP services, and not a separate CycleBeads card. The interviewers only became aware of this information after some respondents (users and/or providers) had already answered or filled out the questionnaire.

3.7.2 CycleBeads pricing issues

Overall, almost all persons interviewed, in all categories, requested that the CycleBeads be distributed to users at no charge. Reasons were different but the main ones are as follows:

- The population is poor and would not be able to acquire the CycleBeads;
- The lack of charge stimulates the number of users;
- Since the method is in the early stages of implementation, this is considered to be useful;
- Maintaining the originality of the CycleBeads by avoiding imitations or the use of commercial interests.

Meanwhile, a small number of respondents proposed an affordable price, such as 20, 50, 100, or 200 Rwanda Francs, but insisted that the sale of CycleBeads should be as a result of awareness building for the use and importance of the method. Couples convinced of the usefulness of the SDM can purchase the CycleBeads because they also know how to use them. These couples brought up the value that is given to

something purchased. Those however who do not know about the SDM cannot be encouraged to purchase the CycleBeads regardless of price.

On this subject, we note the fatalistic mind-set of the large majority of persons met, which remains the mentality of most of the population, often linked to ignorance. In some health facilities though, the population participates modestly in the services offered at no charge, including FP services and CycleBeads. Thus, the contribution for CycleBeads is 100 Frs. at Mayange.

We must remember that only one site (ARBEF) of the 13 pilot sites is urban (in the city of Kigali) and that CycleBeads are sold there, as are other FP methods.

3.7.3 CycleBeads availability and point of sale

Most people surveyed preferred that the CycleBeads not be distributed in pharmacies, shops, and kiosks. They mentioned the following reasons:

- CycleBeads should be presented with explanations about their use, and shop, kiosk, and pharmacy salespeople are not trained in the use of CycleBeads and even if they were, they would not have the time to spend with CycleBeads users;
- The pharmacies, shops, and kiosks do not have private environments to purchase CycleBeads, which require counseling;
- CycleBeads users need regular follow-up which is not available at pharmacies;
- The poor population will not know how to access CycleBeads (*at no charge) if they are available in pharmacies because all products are for sale only;
- The objective of shops, kiosks, or pharmacies is to make a profit while CycleBeads have a not-for-profit goal;
- The authentic look of the CycleBeads would be lost because the purchaser could use them for other reasons, such as wearing them as jewelry or abuse them in some other way. Thus, the CycleBeads would lose their value and become ordinary merchandise in the shops;
- The SDM is still in its initial stages, therefore not highly disseminated; CycleBeads could be bought in pharmacies by people who are familiar with them, who are not very numerous;
- There are not many pharmacies, especially in rural areas;
- The sale in a public place would lead to selfishness of couples where a woman might be tempted to buy the CycleBeads without her husband's consent;
- The population does not trust workers in pharmacies, kiosks, and shops (discretion).

Many CHW's also pointed out that they do not work under a framework of cooperation with pharmacies, shops, and kiosks, but a small number of CHW's wished that the workers in pharmacies, kiosks, and shops, would be able to distribute the CycleBeads after proper training.

Some respondents nevertheless, especially many male users, admitted that with awareness building and mobilization, pharmacies could distribute CycleBeads without a problem and that this could increase the number of users because the service would be closer to them. For this group interviewed, the pharmacies would complement health centers in cases where stock outs occurred in health centers, but this would become effective only after training a number of persons in the use of CycleBeads, as occurred with the condom.

Other reasons mentioned by those who thought that the availability of CycleBeads in pharmacies, kiosks, and shops would increase the number of users, are as follows:

- The distribution service for CycleBeads is closer;
- The real need for the use of CycleBeads expressed by the population;
- CycleBeads are an appropriate FP method and effective for those who know how to use them;
- Compared to the condom, the purchase of CycleBeads does not require discretion;
- The method is accepted by the population because it is easy to consider and use.

From the above, we see that there are many who would like the almost exclusive distribution of CycleBeads in health centers. From this, one might infer that this is partly evidence that the population has more trust in the State than private services delivered in pharmacies, kiosks, and shops. Also, financial difficulties faced by many families in Rwanda could be the compelling reason for this preference for the lack of charge and availability of CycleBeads at health facilities. The advantage of providing services closer to the population is ignored by this population, possibly because of lack of awareness and advocacy.

We see that most persons interviewed are in favor of distribution in private conditions and we can trust these recommendations based on the fact that even other available methods are not just provided anywhere. Health facilities are always the best placed to counsel users. Distribution can take place by setting a small contribution (very small) which would allow clients to demonstrate commitment and would provide health facilities with the possibility of re-supplying themselves and receiving a small bonus that CHW's could claim and deserve. This bonus could be in the form of objects (radio, bike, etc.) but not money. Thus, it would be possible that some clients purchase CycleBeads without preventing the free-of-charge distribution of CycleBeads.

3.7.4 Offering CycleBeads as a FP option for friends and for Rwandans

To the question as to whether the persons surveyed would recommend CycleBeads as an acceptable FP method for families in Rwanda in general, almost all those interviewed were unanimous in responding to the following questions positively:

- The SDM has no side-effects on the health of users;

- It is a method to space births voluntarily, simple and easy to use (even for the illiterate) and that incurs no expense, thus easily accessible even to the most impoverished;
- The SDM contributes favorably, as other FP methods, to regulating fertility;
- Length of use is unlimited, as long as the user remains within the range of a 26 – 32 day menstrual cycle;
- It favors exchanges of the couple about their reproductive health and sexual life;
- The husband participates favorably in questions about FP;
- The SDM is a method that could assist the country in fighting poverty and therefore will lead to success for family and social well-being of the population;
- The method is compatible with all religious denominations;
- The population has confidence in the method;
- The importance linked to the method by current users;
- The real need felt by the population in FP;
- It increases collaboration and communication on FP within couples;
- The CycleBeads do not encourage promiscuity, contrary to the condom;
- CycleBeads allow providers to offer a wide range of methods and FP options.

On the other hand, some male and female SDM non-users voiced reservations; before recommending the method to friends, they would first try the method themselves.

Thus we see that most of the respondents proposed the SDM as an effective and flexible method compared to other modern FP methods. This assertion shows that the population is sensitive to reproductive health and FP but that it often faces side-effects from other methods and/or social and cultural and/or religious barriers. The SDM seems to overcome all of these obstacles.

3.7.5 Important information that should be disseminated on the SDM

Among the important information that should be disseminated, female and male users suggested the following:

- The CycleBeads are a natural method without inconvenience for the life of a couple; it is an easy and affordable method; CycleBeads are available for the poor and easy to use for the illiterate;
- Avoid sexual relations during the white bead period;
- Develop a radio show about the new method that is widely broadcast and heard;
- Eligibility criteria on the use of the method;
- The use of the SDM/CycleBeads is a way to strengthen communication of couples;
- Sufficient initial explanation regarding placement of the ring and the process that follows;
- It is a method consistent with all moral and religious beliefs;

- Provide practical advice on how to manage the period of abstinence, especially to men.

The above-mentioned information that should be provided is almost always covered and recommended by the CHW's, who wish that the information were broadcast on the radio through plays containing the information in the following scenarios:

- Providers talking to clients about family planning and SDM/CycleBeads as a new method;
- The advantages of family planning and the consequences of the lack of family planning;
- Testimony from users relating the benefits of SDM/CycleBeads in family planning;
- Discussion of couples on the use of the SDM;
- The advantages of using other methods, especially the condom when someone is not eligible for CycleBeads;
- The use of CycleBeads does not require education or complicated calculations;
- The methodology of CycleBeads use and simulations;
- Showing scenes of a happy family that uses the SDM/CycleBeads method.

Some CHW's suggested also showing the inconvenience of existing modern methods, especially birth control pills, injectables, etc. This shows that they have not yet understood the integration of SDM/CycleBeads into the range of other FP methods available in the country.

IV. ANALYSIS AND DISCUSSION OF RESULTS

The results of this survey show that almost all persons met during this assessment had a positive opinion about the SDM. This is mainly because of the fact that this method looks like or complements natural methods and improves on traditional methods, which are practiced more frequently in Rwanda, as compared to other modern methods. According to the demographic and health survey carried out in Rwanda in 2000, among 7.4% of women who used any type of FP method during the assessment, 4.7% practiced a traditional and/or folk method (ONAPO, 2000, p.76).

4.1 Initial CycleBeads use and couples' experiences

All respondents stated knowing at least one FP method. This could be explained considering that the family planning program in Rwanda dates back 20 years and all methods have been brought to the attention of the population during community meetings, at health centers, through the media, etc. This was carried out under the responsibility of the ONAPO.

We found that many female users and their male partners had already practiced at least one of these methods but had given it up long before adopting the SDM, contrary to non-users who mostly declared not having tried any method. This also seems obvious

because the launching of the campaign for this method was non-discriminatory and almost everyone was made aware of the new method. Persons concerned with FP were more receptive to the information because the SDM is much more like the natural or traditional folk methods accepted by most of the population in Rwanda.

It is not surprising that, overall, SDM users found the use of CycleBeads with the calendar easy because the method itself is designed to apply to everyone, without regard to the level of education, as long as a woman has a menstrual cycle ranging from 26 to 32 days.

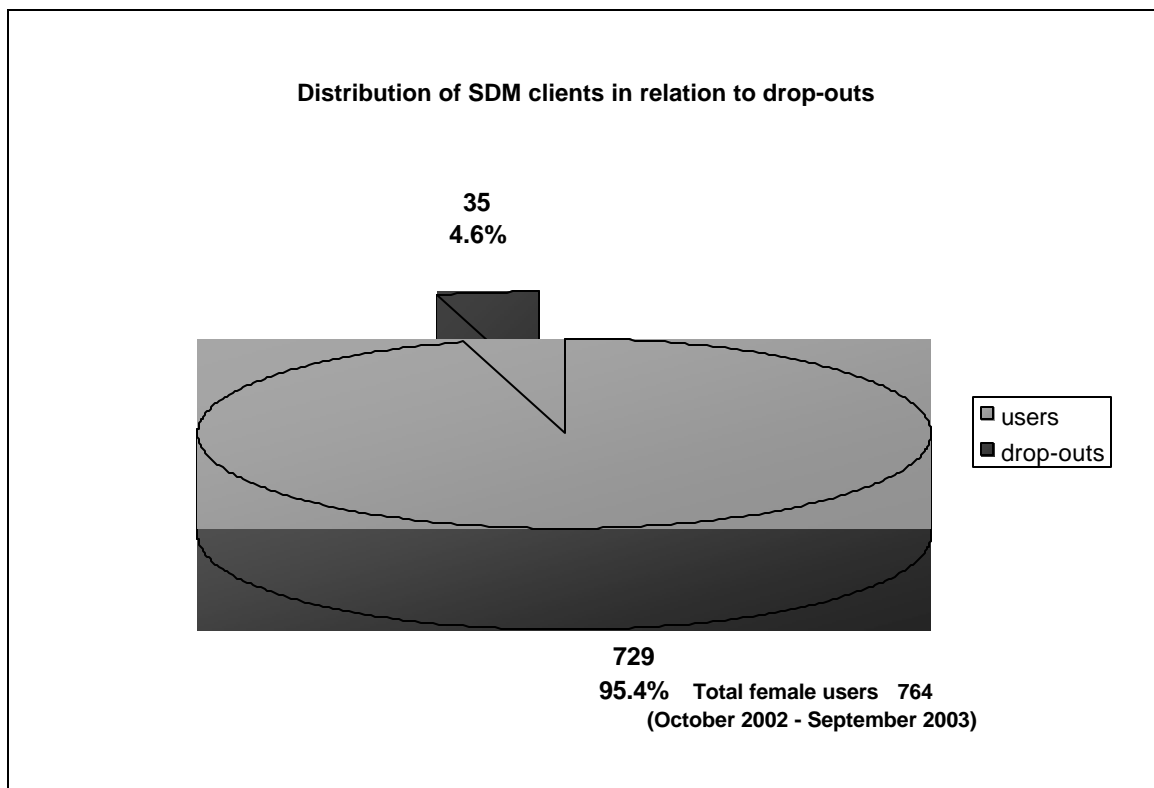
The fact that among users 99.2% of females and 88.2% of males know how to identify the woman's fertile period (and what to do during this period) is also encouraging only twelve months after the introduction of this method because it shows the potential for the success of the method. The slight difference between women and men can be explained because decisions on other FP methods, especially modern methods, and women's' reproductive health were, in principle, left solely to the women. In any case, a major step still needs to be taken, as we know, at the national level where *«only 9% of women know precisely the period when they have the highest chance of becoming pregnant»* (ONAPO, p. 84)

It also seems to make sense that CHW's would like additional training because it has not been long since the SDM was introduced in the range of FP methods they promote; they are the ones who interview clients, and the population really seems to be eager for this method. It is not normal, however, that there are cases among the providers who hesitate to give proper answers, as when two providers out of five, or 40% responded incorrectly to the question whether a breastfeeding woman could use the SDM.

The fact that half of the women surveyed who had discontinued the SDM, (7 of 14) consisted of those whose menstrual cycle was outside the range of 26-32 days also seems understandable because, overall, all clients of the method were favorable to it and therefore, the exclusion addressed only women not eligible for the method. The cases for lack of consent by some husbands cannot be neglected given that, in general, women are the ones who take care of problems linked to delivery and caring for children and it is not always easy for men to change their usual sexual behavior, especially when their wife asks them to abstain for 12 days.

In all cases the data collected at all sites by the AWARENESS project during the entire first year of intervention show that among 764 female users registered since October 2002 until the end of September 2003, only 4.6% (or 35) dropped out of the SDM, as shown in the following graph.

Figure 5. Clients who continued the SDM in relation to drop-outs at the 13 intervention sites.



4.2 The SDM and communication within couples

A number of common themes, among others, have stood out among the major subjects of couple's discussions:

a) Increase of the interval between births

Couples in Rwanda know that the ideal spacing period is between two and three years (37%.) However, the DHS also found a fertility rate of 5.8 in the country (DHS 2000.) It is not surprising that couples are concerned with the future of their families and especially their children. A multitude of interventions in reproductive health in general and in FP in particular are required to help couples manage their choices in FP adequately, also taking into account the small size of family land parcels. This is easily understood when we consider that about 90% of the population lives essentially from agriculture, while the available agricultural land is shrinking rapidly.

Early weaning of children has also been mentioned as a concern. We know that in Rwanda the health of most children is placed at risk by early weaning conditions, followed by the sudden cessation of breastfeeding. Breastfeeding is an important right of children under five years of age. Couples' debates on the subject show that the population of Rwanda is beginning to understand the importance of breastfeeding.

In relation to the return of fertility at a time when a sibling is still very small, with the possibility of a new pregnancy, it is necessary that a couple wanting FP is informed of the ideal time to start FP, within six weeks after delivery because this is the period when the probability of another pregnancy is almost zero.

b) Side effects of some contraceptive methods

Respondents tend to perceive that modern/hormonal methods have serious side effects. One of the main complaints of former injectables users has to do with heavy menstrual periods. The SDM provides an alternative FP method and a solution to this basic problem. Also, it has been mentioned that for some couples the use of modern FP methods is considered to be a sin and, according to participants' opinions, the SDM offers easy use and fulfills conditions of acceptability by religious beliefs. This leads us to believe that the SDM method is viewed positively by couples and they believe it would be interesting to extend the method to the entire country.

c) High cost of medical care

Currently, medical care continues to be relatively expensive for most families in Rwanda. The SDM/CycleBeads can help couples to plan and endure this cost. Even though efforts are in place to form health cooperatives (mutual insurance groupings) at the national level, these services do not yet cover the entire country. This situation becomes even more complicated because of frequent child illnesses that leave children at high risk before age five which results in a high infant mortality rate (107/1000.)

In addition, the poverty experienced by families was mentioned by respondents as being among the incentives for the use of the SDM. This is emphasized by the fact that most of the population in Rwanda (over 60%) lives under the poverty line.

d) Abstinence and condom use during the fertile period

This assessment shows that most male SDM users, or 34 of the 51 interviewed (66.7%) abstain, 10 use condoms (19.6%) while 6 men (or 11.7%) practice withdrawal. Thus, even though abstinence during the 12 fertile days remains a delicate debate for many couples, the general tendency is that CycleBeads user couples are able to manage the fertile period. According to the DHS (ONAPO, 2000, p. 74) periodic abstinence, as a FP method is used by 14.5% and 41.7% respectively of women and men in unions. In terms of the condom, it is highly commendable to note that there are many CycleBeads users (21.5%, or 26 of 121 female users and 23.5%, or 12 of 51 male users) who use condoms on fertile days, while the percentages are at 2% for women and 6.5% of men in union at the national level (ONAPO, 2000, p. 74). In addition, it is interesting to note that male SDM users practice withdrawal less often (11.7%, or six of 51 men) in comparison to national data (20.5%.)

Therefore, we can see the importance of management of the fertile days during preliminary contacts between providers and couples and during follow-up visits. It is a basic question that requires total involvement by the couple. Each partner must have an active role for success of the method. Some couples unfortunately do not see the advantages of the condom to help them protect against the risk of pregnancy during the 12 fertile days. It has been reported that condoms still lead to stormy debates especially

by believers of certain religions. Given the 12 days of abstinence for the SDM however, and considering that some men find the period too long, the promotion of condoms still remains a priority to maximize the SDM/CycleBeads chances of success.

Some of the non-user couples have learned the method over the radio or through health facility channels or CHW's. They have had time to discuss this Standard Days Method. We also noted that there are circumstances where one of the partners knows of the existence of the SDM while the other does not. This shows that the population is interested in the use of the method and we should explore all communication channels to bring it to the doorstep of female and male users. Also, among some non-user couples who have discussed the SDM, one of the partners remained indifferent, while other couples had not reached a decision. This shows that even non-user couples are in need of this method for which both partners must be made aware jointly.

In relation to the management of the 12 fertile days by couples, results show that most of them prefer to abstain (66.7%) while 10 of 51 (19.6%) use the condom to maximize the chances of success of the CycleBeads. Some women sleep in a separate room and others practice withdrawal (even if the risk of failure is high.) Thus we see that contrary to Rwandan mentality «*imfizi ntiyimirwa= one may not stop the man from having sexual relations,*» many couples have managed the 12 fertile days by abstaining, which proves that the promotion of CycleBeads is possible in the cultural (and sexual) context in Rwanda. We also note that very few couples have difficulties managing the fertile days or have dropped out.

As to the impact of alcohol during the fertile period, most women surveyed agreed that when their husband is intoxicated, abstinence becomes very difficult. This leads to the use of condoms or sleeping in a separate room. In the Rwandan context, we know well that men's intoxication contributes to uncontrolled and close births. The information from providers and CHW's should address the potential effects of alcohol abuse on the success of FP in general and of SDM/CycleBeads in particular. It must be understood that cases of exaggerated intoxication are incompatible with SDM use.

e) Impact of SDM use on marital relations

Couples interviewed reported that the SDM promotes dialogue within couples and allows them to overcome sexual and marital problems, and fosters sharing family responsibilities. Therefore, this should not be overlooked in terms of family well-being and in FP overall.

Among the positive effects of the SDM, we noted that partners have freely agreed to and planned sexual relations, which, in turn, allows the couple to plan births easily. Also, in relation to FP, it increases family productivity and the fight against poverty.

The involvement of men in the use of the SDM is solid, contrary to results from former surveys. His contribution in SDM use is highly appreciated by female users. This is evident because partners share their roles and mostly men make the decision to use the SDM.

4.3 IEC and information sources

Respondents' responses on IEC and SDM messages provide insight on SDM/CycleBeads acceptability and how best to reach potential users.

From the information received from respondents we can state that most information on the SDM has been well received. Meanwhile, we still find some gaps and misinformation in clients' answers. The case in point, for example, refers to those who say that they have learned that modern methods, labeled as "ONAPO methods," have so many negative effects on the life of women, that they must be given up in favor of CycleBeads. This could have different interpretations:

- Clients met might be too enthusiastic about the novelty and are wary of what methods already exist; this can be partly expected by the fact that our study was taken intentionally among CycleBeads users (and not the general population);
- Some clients had tried other FP methods without success before the arrival of CycleBeads;
- Clients took advantage of the opportunity to express the hidden reality that there were no effective alternative natural methods to modern methods (which they perceived to have negative effects on health).

Thus, the statistics for new users for the months of August - October 2003 show that CycleBeads are not the most commonly chosen FP method, with the exception of Muniyinya, where the SDM comes in first place. In most sites where the SDM is offered birth control pills and injectables are chosen more frequently than SDM. This is usual because the purpose of offering CycleBeads is as an additional choice and never as replacement of other FP methods.

Also, we note that some clients felt that they did not have enough information on CycleBeads. They also mentioned some CHW's who they considered as having insufficient knowledge to be able to train beneficiaries, as well as some providers who did not allot them enough time. In turn, in this context, certain CHW's recognized that they did not have enough information about the new method and that, if need be, some of them would extend their role beyond awareness building to teaching the SDM. It is through this teaching that wrong information is transmitted because CHW's were not properly prepared.

The analysis also proves that usually women are better informed about the SDM than are men. Therefore, women often have difficulties in convincing their husband about method use. When, however men learn about the method first or at the same time as their wife, commitment becomes easier to obtain. Thus, if there are no particularities recorded at the sites visited, the access to information still remains to be a specific prerogative for women. This leads us to believe that even if in theory providers should

provide CycleBeads to couples, in reality, some continue to distribute CycleBeads to women only with the risk of failure that could be avoided if men were better informed about the method.

4.4 Client satisfaction and provider experience

Client satisfaction with the SDM is one of the most important subjects of this assessment. Actually, most persons surveyed said they were satisfied about the SDM/CycleBeads, even those who heard about them for the first time during the FGD.

There are many clients who are really satisfied with the method and had success in using it because CycleBeads are simple to handle and do not incur any financial expense or side-effects, contrary to some other modern methods. Others seem to repeat what they have learned or claim that CycleBeads have miraculous effects, simply discarding all other FP methods. In this sense, some clients (especially the illiterate) praise the CycleBeads as a good for all evils. Thus, it is true that CycleBeads satisfy many couples, but exaggerated accounts about them may incite some couples to believe that it is the only method, if not the best FP method, while not all women are eligible. Here we see the need to explain the complementarity of FP methods during meetings on CycleBeads. Also, it is natural that some women are not eligible for the SDM, just as not all women are eligible for each FP method.

Also, it is possible that some providers/CHW's speak to or make couples aware of CycleBeads exclusively through an excess of zeal, without integrating CycleBeads in the other range of FP methods. This is in part because there is no current specific promotion for other FP methods, while a CycleBeads project (AWARENESS) is being carried out. In addition, it is highly possible that some CHW's and providers wrongly consider the transportation and meal fees they receive during workshops as a "compensation" for their participation in the promotion of CycleBeads. This needs to be worked on in the future.

We also noted difficulties in CHW's' and even providers' skills because some do not have enough time to offer CycleBeads. Actually, the CHW's are more in touch with the population and some already distributed CycleBeads, in spite of their limited knowledge on the subject. As already mentioned, *«The lack of knowledge on family planning methods complicates the use of the products and, consequently, the quality of services, especially for oral contraceptives ...most of the family planning service providers and those in charge of district pharmacies know very little about family planning. » (Ministry of Health et al, 2002, p.8)*

We should therefore ask ourselves if it would not be timely to empower the CHW's to track the couples, especially those who live far from health facilities.

In addition, the CycleBeads distribution is not yet fully integrated into the logistics system but is well on its way. Some women bought the CycleBeads at the ARBEF stand during the 2003 summer fair, while others received them from private clinics in the village of Kigali. In these cases tracking is difficult and efforts have already been made to systemize logistics and records.

V. CONCLUSIONS AND RECOMMENDATIONS

At the end of this mid-term assessment, carried out in 12 health facilities, it is appropriate to come to some conclusions that will allow the Ministry of Health, the AWARENESS project, and partners of these two institutions to respond to the needs of FP clients in relation to the use of CycleBeads.

1. After twelve months of introduction in the health facilities assessed, we can affirm that the CycleBeads are well accepted, and therefore in high demand; almost all user couples did not find any difficulties and providers are confident in offering this method; almost all of the few drop-outs or pregnancies encountered are merely because of causes unrelated to the method.
2. Being that CycleBeads require communication within the couple, couples stated that this method has also established a certain improvement in mutual trust and family well-being. We must note that for all couples, discussions before the adoption of CycleBeads included the advantages (ease of use, absence of side-effects) of this method in relation to other modern FP methods, as well as impact on the future of the family in general, and of the woman in particular. In other words, the SDM/CycleBeads produce a positive impact on the couple, even though some cases of misunderstandings have been recorded, especially among couples where men had not been involved in a timely manner by women or men could not control themselves if they abused alcohol during the woman's fertile period.
3. It is very interesting to note that most user couples (over 90%) find the management of the twelve fertile days of the woman's menstrual cycle easy. While certain couples abstain from sexual relations during this period, others use condoms, practice withdrawal, or sleep in separate rooms. The management of these days is, in large part, facilitated by the dialogue of partners, and the appropriate and regular moving of the CycleBeads black ring.
4. Overall, men are involved in the use of CycleBeads, and chances of success are higher when men take the initiative to research preliminary information, with the cooperation of the wife, as often is the case in marking the calendar.
5. In general, information is provided properly, which is evident by the number of users who continue the SDM without difficulties. We do find risks, however, among certain users and even some CHW's, of exaggerating the benefits of CycleBeads, when comparing them with other FP methods.
6. In relation to client satisfaction with the SDM, we can state without error that all users and providers are sufficiently satisfied. Most users promote the simplicity of CycleBeads use, which does not require any calculations, and has no side-effects.

We find that they are just as confident and thankful for the services they receive, even if some complain that certain providers do not have enough time for them.

7. Given that we mainly met with CycleBeads users, all praised this method over others. Even though some couples use condoms during the fertile days however, we see that, in general, the condom is not yet well accepted by most of the couples interviewed.
8. In terms of providers' experiences relating to CycleBeads, and their appreciation of the method, they are really very satisfied, but some among them cannot find enough time to devote to counseling required with CycleBeads. We find that some trained providers rotate shifts with untrained personnel, which leaves room for some mistakes and lack of information by untrained personnel. Also, some stated that CycleBeads have saturated their usual use of time. As for CHW's, most carry out their task of building awareness with couples, but some go beyond and distribute CycleBeads to the couples themselves. They believe that CycleBeads is part of their usual beneficial work and claim compensations.

Thus, from the above and with the addition of respondent's suggestions, we suggest the following:

- The SDM is an acceptable FP option in Rwanda and should be part of the range of methods available on a large scale in the countries' health facilities.
- There is a pressing need to train the providers in health facilities who ask for training, but after an in-depth analysis of ownership motivations (*sic) of those in charge of these health facilities.
- Community health workers (CHW's) attributes should be reviewed for better use, given that a significant number among them already distribute CycleBeads; in all cases their roles should be made very clear to avoid confusion. To accomplish this, we must review their skills and control the information they give to clients to avoid dangerous exaggerations. This could be done through refresher training.
- The explanation of the twelve fertile days should be stressed, and how these days were determined instead of six days for the fertile period of the normal menstrual cycle of each woman, etc.
- We should also have a framework of much closer cooperation among the CHW's and providers to help clients in their method choice and implementation. CycleBeads are not meant to substitute for other methods but this is what some clients seem to believe. Weaknesses at this level must be overcome.
- We also note that persons with more education have particular comments about the method and (sometimes) under-estimate the CHW's. Access to these people requires persons who are adequately skilled because the SDM applies to all,

without distinction. This suggestion also applies to the CHW's, especially to the ARBEF peer-trainers who are asked to build awareness in persons of a wide range of ages.

- Additional awareness building is required in relation to condoms, especially with couples who think that the condom is against their religious beliefs. In all cases, providers and CHW's should be properly trained on the subject to better respond to this need.
- One of the best channels for information dissemination would be to approach the BBC service and convince them to introduce SDM/CycleBeads in their show «Urunana» which is listened to by a large number of the Rwandan population.
- To resolve cases where women present without their partners to request the SDM/CycleBeads, wide-ranging mobilization campaigns should be organized in the community to convince men who might be reticent to accompany their wife to the health facilities. This would increase cooperation from the onset by partners for improved use of the SDM, even if men do not present for counseling.
- For better follow-up in the introduction and use of CycleBeads, we must know precisely the number of CycleBeads currently in circulation (in the 13 pilot health facilities, at CHW's, private clinics, etc.) This will prevent confusion in failure rates resulting from lack of information (non-eligible cases, for example) and cases that really deserve being followed.
- Finally, it is wise to share the results of this assessment with the sites and partners who participated. This will enable us to adjust the target, while showing the participants that their contributions to this assessment have been valuable.

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MID-TERM ASSESSMENT OF THE STANDARD DAYS METHOD (SDM) INTRODUCTION IN RWANDA

Volume Two of Two



Prepared by:
Consultant
Félix Muramutsa



Submitted by:
The Institute for Reproductive Health
Georgetown University

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Support from the United States Agency for International Development (USAID) enables the Institute to assist a variety of international institutions, both public and private, to introduce and expand SDM services.

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ABBREVIATIONS AND ACRONYMS

BAM	Breastfeeding and Amenorrhea Method - BAM
BBC	British Broadcasting Corporation
FGD	Directed Group Discussions
DHS	Demographic Health Survey
DRC	Democratic Republic of the Congo
FP	Family Planning
HF	Health Facility
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IUD	Intra-uterine Device
MH	Ministry of Health
NGO	Non-governmental Organization
NPO	National Population Office
RAFWB	Rwanda Association of Family Well-Being
SDM	Standard Days Method
STD	Sexually Transmitted Disease
USAID	US Agency for International Development

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Annex I: Research Instruments Used

I. Guide for focus group discussions (FGD) with women who continue to use the SDM

Identification of the perception of couples about the SDM, including constraints and difficulties encountered.

1. Could you discuss your previous history with FP prior to using the SDM?
 - 1.1 Which methods did you use prior to initiating SDM use?
 - 1.1.1 Where did you learn about any methods previously used?
2. Could you briefly explain to us how you came to use the SDM?
 - 2.1 How did the provider explain the SDM to you?
 - 2.2 Which other FP methods did s/he mention at the time?
 - 2.2.1 More specifically, did the provider explain how to use condoms?
 - 2.3 Do you feel that the providers were able to satisfactorily answer your questions about the SDM?
3. Overall, what is your experience using the SDM? What do you find easy or difficult?
 - 3.1 How easy is it to move the black ring each day?
 - 3.2 What are the difficulties in moving the black ring each day?
 - 3.3 How easy is it to fill in the calendar?
 - 3.4 What are the difficulties in filling in the calendar?
 - 3.5 How easy is it to use the instructions card/insert?
 - 3.6 What are the difficulties in using the instructions card/insert?
4. How do you perceive CycleBeads as a tool to help you use the SDM?
5. What do you think about using the SDM with the calendar alone or with a drawing of the CycleBeads (rather than actual CycleBeads)?

Discussion of communication between partners and management of the fertile period.

6. In general, could you describe what you and your partner discussed before beginning the use of the Standard Days Method?
7. How did you and your partner decide to use the Standard Days Method?
8. Did the use of the SDM affect relations with your partner in any way? And if so how?
 - 8.1 Positive effects of the SDM on the couple
 - 8.2 Negative effects of the SDM on the couple

9. What do you and your partner do during the fertile days, when the black ring is on the white beads?
 - 9.1 How did you come to this decision?
 - 9.2 If your partner drank alcohol during the fertile period, did this cause any challenges with SDM use (either in abstaining or using another back-up method)?
 - 9.2.1 If there were challenges/difficulties, what did you do under such circumstances?
 - 9.2.2 If your partner drank alcohol during the fertile period, did you still find it easy to manage the SDM by abstaining or using a back-up method?
10. What is the role of your partner in the use of the Standard Days Method and how did he participate in using it?
 - 10.1 Did your partner play a role in moving the black ring?
 - 10.2 Did your partner play a role in marking the calendar?
 - 10.3 Did your partner play a role in asking for the date of your fertile days?

Description of the IEC/BCC component and client exposure to information.

11. Through which channel (where) did you obtain messages/information on the SDM?
 - 11.1 Which information/messages did you see or hear in relation to the Standard Days Method?
 - 11.2 What is your impression of these messages?
 - 11.3 How useful do you think they are in response to questions you ask yourself?
12. To what degree were you and your partner influenced by this information while you were deciding to use the Standard Days Method?
13. If you were to suggest important information/messages to be delivered about the Standard Days Method, what would you propose?

Description of client satisfaction with the Standard Days Method.

14. What convinced you to choose/accept this method?
 - 14.1 What did you like about the Standard Days Method?
 - 14.2 What did you not like about the Standard Days Method?
15. In general, what do you do to resolve difficulties encountered as a CycleBeads user?
16. How do you rate the counseling and other instructions you received from providers in relation to CycleBeads?
17. Where do you stand in continuing the use of the Standard Days Method (i.e. are you still using it)?
18. Overall, how do you rate your satisfaction/dissatisfaction with the SDM?
19. How do you rate the satisfaction of your partner in regard to this method?

- 19.1 Do you think your partner would like to continue to use this method?
- 20. Did you discuss the SDM with anyone else (if yes, who)?
 - 20.1 What were these discussions/conversations about?
 - 20.2 How did the others react to the SDM?

Recommendations

- 21. What changes would you suggest to make the SDM easier to use?
- 22. What changes would you suggest, specifically concerning CycleBeads as a tool, to make the SDM easier to use?
- 23. Which changes would you suggest in the material that comes with the method (calendar, client card)?
- 24. For which reasons would you recommend, or not recommend, the SDM to your friends and family?
- 25. For which reasons would you recommend, or not recommend, the SDM among the different family planning options for all couples in Rwanda?
- 26. What do you think about the SDM being free of charge?
 - 26.1 Could it be sold in pharmacies? For which reasons?
 - 26.2 If CycleBeads were available outside of health facilities (pharmacies, shops, kiosks, etc.), do you believe more couples would use them? Please explain.
- 27. Do you have anything else to add to this interview about the SDM and CycleBeads?

II. Guide for FGD with partners of women who use the SDM

Identification of the perception of couples about the SDM, including constraints and difficulties encountered.

1. Could you briefly describe how you and your partner decided to use the SDM and CycleBeads?
 - 1.1 Which other FP methods were mentioned at the time?
 - 1.2 More specifically, did you discuss condom use?
2. Describe what you and your partner found easy in the use of the SDM?
3. Overall, what difficulties did you and your partner experience in using the SDM?
4. Would you say that it is easy or difficult for you and your partner to remember to move the black ring each day? Please explain.
5. What did you and your partner find easy or difficult about marking the calendar? Please explain.
6. Could you talk about how easy or difficult you or your partner found using the reminder (instructions) card?

Discussion of communication between partners and management of the fertile period.

7. How did you and your partner decide to use the Standard Days Method?
8. What were the subjects of discussion between you and your partner before beginning to use the Standard Days Method?
9. Did the use of the SDM affect relations with your partner in any way? If so how?
 - 9.1 Positive effects of the SDM on the couple
 - 9.2 Negative effects of the SDM on the couple
10. What do you and your partner do during the fertile days when the black ring is on the white beads?
 - 10.1 How did you come to this decision?
 - 10.2 Which other methods did you use during the fertile period?
 - 10.3 How easy or difficult is it to use the CycleBeads when you drink alcohol during the fertile period?
 - 10.3.1 What do you do at that time?
 - 10.4 Could you tell us if you used another FP method when you drank while the black ring is on the white beads?
11. What is your role/participation in the use of the Standard Days Method?
 - 11.1 What is your role/participation in moving the black ring?
 - 11.2 What is your role/participation in marking the calendar?
 - 11.3 Did you ask your partner about the date of her fertile period?

Description of the IEC/BCC component and client exposure to information.

12. Which information/messages did you see or hear in relation to the Standard Days Method?
13. What is your impression of these messages?
 - 13.1 How useful do you think they are in response to questions you ask yourself?
14. To what degree were you and your partner influenced by this information while you were deciding to use the Standard Days Method?
15. If you were to suggest important information/messages to be delivered about the Standard Days Method, what would you propose?

Description of client satisfaction with the Standard Days Method.

16. In general, why did you choose to use the SDM?
 - 16.1 What did you like about the Standard Days Method?
 - 16.2 What did you not like about the Standard Days Method?
17. What do you do to resolve difficulties encountered?
18. How do you feel about continuing to use the Standard Days Method?
19. Overall, how do you rate your satisfaction/dissatisfaction in relation to the SDM?
20. How do you rate your partner's satisfaction in relation to this method?
 - 20.1 What do you think about your partner continuing to use this method?

Recommendations

21. What changes would you suggest in relation to the method to make it easier to use?
22. What changes would you suggest, specifically concerning CycleBeads as a tool, to make the SDM easier to use?
23. Which changes would you suggest in the material that comes with the method (calendar, client card?)
24. For which reasons would you recommend, or not recommend, the SDM to your friends and family?
25. For which reasons would you recommend that the SDM become part of the family planning options for all couples in Rwanda?
26. What do you think about the CycleBeads being free of charge?
 - 26.1 Could they be sold in pharmacies? For which reasons?
 - 26.2 If CycleBeads were available outside of health facilities (pharmacies, shops, kiosks, etc.), do you think more couples would use them? Please explain.

27. How do you rate the counseling and other instructions received from providers in relation to CycleBeads?
28. Do you have anything to add to this interview about the SDM and CycleBeads?

III. Guide for FGD with Community Health Workers

Identification of how the CHW's perceive the Standard Days Method, challenges and difficulties.

1. Could you describe briefly how you received information about the SDM and CycleBeads?
 - 1.1 Who provided the information?
 - 1.2 How was the SDM explained in relation to other FP methods?
 - 1.2.1 More specifically, who explained the use of condoms?
2. Which specific message do you give families about the SDM?
 - 2.1 Which methods and materials do you use?
3. Describe what you found easy and difficult about talking to families about the SDM?
 - 3.1 Would you say that it is easy or difficult to build awareness and/or transmit information about the SDM? Please explain.
 - 3.2 What is easy and difficult in building awareness and/or transmitting information about the SDM?
4. How do you rate your skills in answering couples' questions about the SDM?
5. How do you rate counseling and other instructions received from providers in relation to CycleBeads?
6. How did the introduction of the Standard Days Method affect your regular work as a health facilitator?
 - 6.1 Positive effects of the SDM on work
 - 6.2 Negative effects of the SDM on work

Description of the IEC/BCC component and client exposure to information.

7. Which information/messages did you see or hear about the Standard Days Method?
8. What is your impression about these messages?
 - 8.1 How useful do you think they are in response to questions you ask yourself?
9. If you were to suggest important information to be delivered about the SDM, what would you propose?

Description of health facilitators' satisfaction with the Standard Days Method.

10. What do you like about the Standard Days Method?
11. What do you dislike about the Standard Days Method?
12. What are your thoughts about continuing to build awareness about the SDM?
13. How do you rate the satisfaction of your clients with this method?
14. Do you believe that the couples in your community would like to continue to use this method?

Recommendations

15. What changes would you suggest to make the SDM easier to use?
16. What changes would you suggest for the CycleBeads as a tool to make the SDM easier to use?
17. What changes would you suggest in the material that comes with the method (calendar, client card)?
18. For which reasons would you recommend the SDM to your friends and family?
19. For which reasons would you recommend that the SDM become part of the family planning options for all couples in Rwanda?
20. What do you think about the CycleBeads being free of charge for users?
20.1 Could they be sold in pharmacies? For which reasons?
21. If CycleBeads were available outside of health facilities (pharmacies, shops, kiosks, etc.), do you think more couples would use them? Please explain.
22. Would you have anything to add to this interview about the SDM and CycleBeads?

IV. Structured interview guide for women who continue to use the SDM

		Code
Client identification		
Interviewer name and surname		
Interview date	_____/_____/_____ Day / Month / Year	
Site name		
Client birth date	_____/_____/_____ Day / Month / Year	
Marital status	1= legally married 2= illegally married 3= renounced 4= separated/divorced 5= other	
Educational level	1= no schooling 2= unfinished primary education 3= completed primary education 4= unfinished secondary education 5= completed secondary education 6= completed professional education 7= higher studies and university 8= other	
Religion	1= Catholic 2= Protestant 3= Pentecostal 4= Adventist 5= Muslim 6= No religion 7= Other	
Number of children		
Starting date of CycleBeads use		
1.	Have you ever used a family planning method (FP)? 1. Yes 2. No	

1.a	<p>If yes, which one ?</p> <ul style="list-style-type: none"> a. Birth control pills b. Condom c. IUD d. Depo-Provera e. Calendar f. Withdrawal g. Abstinence h. Irreversible methods (sterilization) i. CycleBeads/SDM j. Other method 	
2.a	<p>Have you used a family planning (FP) method during the last two months?</p> <ul style="list-style-type: none"> 1. Yes 2. No 	
2.b	<p>If yes which?</p> <ul style="list-style-type: none"> a. Birth control pills b. Condom c. IUD d. Depo-Provera e. Calendar f. Withdrawal g. Abstinence h. Irreversible methods (sterilization) i. CycleBeads/SDM j. Other method 	
3.	<p>Are you still using the SDM/CycleBeads to avoid becoming pregnant?</p> <p>1 _____ Yes -> GO TO THE QUESTIONNAIRE ABOUT DROP-OUTS/discontinuation</p> <p>2 _____ No</p>	
4.	<p>Are you currently pregnant?</p> <p>1 _____ Yes → GO TO THE INTERVIEW ABOUT PREGNANCY</p> <p>2 _____ No</p>	

	<p>Interviewer: ask the client to show you her calendar and her CycleBeads. Check the calendar, count the number of days between her menstrual periods (count the days beginning by the first day of her menstruation and finishing with the day before her next menstruation.)</p> <p>date of most recent menstruation ____/____/____ ____day in the current cycle date of last menstruation ____/____/____ ____days in the last cycle date of previous menstruation ____/____/____ ____days in previous cycle date of menstruation before previous ____/____/____ ____ days in cycle before previous</p> <p>If the client lost her calendar, record the information relating to her most recent menstrual periods and those that she remembers. Note in question 45 that the calendar is missing. If the client does not remember the dates do not record anything.</p> <p>If the client had two menstrual cycles or more lasting less than 26 days or more than 32 days, or if she had a menstrual cycle over 42 days, refer her to the provider. Stop the interview and fill in the exit questionnaire. Make a checkmark on this case.</p>																						
5.	<p>Interviewer: examine the client's CycleBeads and her calendar. (Count the days since the first day of her last menstruation that she marked on the calendar and check that this corresponds to the correct CycleBeads bead.)</p> <p>Interviewer: is this the correct bead to mark? 1 ____ Yes 2 ____ No</p>																						
	<p>Interviewer: read to the client: «now I am going to ask you some questions about CycleBeads and your experience in their use. »</p> <p>Fill in the answers offered in the box marked «spontaneous answer. » For details not mentioned spontaneously, ask questions about them to obtain more detail and fill in the answers in the box marked «prompted answer. »</p>																						
6. Please explain how to use the CycleBeads.																							
	<table border="1"> <thead> <tr> <th>Answer given</th><th>Answer not given</th><th></th></tr> </thead> <tbody> <tr> <td>6a.</td><td></td><td>Place the black ring on the red bead when menstruation begins</td></tr> <tr> <td>6b.</td><td></td><td>Mark the first day of menstruation on the calendar</td></tr> <tr> <td>6c.</td><td></td><td>Place the black ring on the next bead every day</td></tr> <tr> <td>6d.</td><td></td><td>Unprotected sexual relations not allowed on the days with white beads</td></tr> <tr> <td>6e.</td><td></td><td>Unprotected sexual relations allowed on the days with brown beads</td></tr> <tr> <td>6f.</td><td></td><td>Move the black ring in the right direction (in the direction of the arrow, from the narrow extremity of the beads to the wider extremity)</td></tr> </tbody> </table>	Answer given	Answer not given		6a.		Place the black ring on the red bead when menstruation begins	6b.		Mark the first day of menstruation on the calendar	6c.		Place the black ring on the next bead every day	6d.		Unprotected sexual relations not allowed on the days with white beads	6e.		Unprotected sexual relations allowed on the days with brown beads	6f.		Move the black ring in the right direction (in the direction of the arrow, from the narrow extremity of the beads to the wider extremity)	
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6a.		Place the black ring on the red bead when menstruation begins																					
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6f.		Move the black ring in the right direction (in the direction of the arrow, from the narrow extremity of the beads to the wider extremity)																					
7.	What did you do if your menstruation started before you reached the dark brown bead (27th day)?																						
8.	What did you do if your menstruation did not begin after having placed the black ring on the last bead of the CycleBeads?																						

9.	Do you move the black ring every day, even on the days when you are menstruating? 1 ____ Yes 2 ____ No	
10.	Usually, who marks the first day of your menstrual period on the calendar? 1 ____ Client 2 ____ Partner/husband 3 ____ Both 4 Other (specify) : _____	
11.	Interviewer: show the CycleBeads to the client and ask her the following questions: If you do not want to become pregnant, on which days should you avoid unprotected sexual relations? 1) ____ white beads 3) ____ between the 8 th and 19 th day 2) ____ brown beads 4) ____ others (specify) _____	
12.	On the days when the black ring is on a white bead, what do you and your partner/husband do to avoid pregnancy? 1 ____ Nothing 2 ____ Condom → GO TO QUESTION 15 3 ____ Withdrawal → GO TO QUESTION 15 4 ____ Abstinence → GO TO QUESTION 15 5 ____ Other (specify) _____ GO TO QUESTION 15	
13.	Did you have unprotected sexual relations during your last cycle, when the black ring was on one of the white beads? ____ Yes → GO TO QUESTION 14 ____ No → GO TO QUESTION 15	
14.	Why do you do nothing to avoid pregnancy during your fertile period, when the black ring is on the white beads?	
15.	Is your partner/husband involved in the use of CycleBeads? 1 ____ Yes 2 ____ No → GO TO QUESTION 16	
15a.	If yes, how is your partner/husband involved in the use of CycleBeads?	
16.	How do you feel about not having unprotected sexual relations during your fertile days (the white beads days)?	
17.	How does your partner/husband feel about not having unprotected sexual relations during your fertile days (the white beads days)?	
18.	If you use Condoms during your fertile days, where do you obtain them? Health facilities Private pharmacy Through community health workers Shop and/or Kiosk Elsewhere (specify)	
19.	Did you and your partner/husband agree not to have sexual relations on certain days? 1 ____ Yes 2 ____ No → GO TO QUESTION 20	
19a.	If yes, how do you communicate this agreement?	

20.	<p>Since you have been using the SDM, have you noted any changes in your relations with your partner/husband?</p> <p>1 _____ Yes</p> <p>2 _____ No ➔ GO TO QUESTION 21</p>	
20a.	If yes, which changes have you observed?	
21.	<p>Since you began using this method, have there been days during your fertile period when you did not want sexual relations with your partner/husband, but he wanted them?</p> <p>1 _____ Yes</p> <p>2 _____ No ➔ GO TO QUESTION 22</p>	
21.a	What did you do?	
22.	<p>Do you intend to continue using this method for the next three months?</p> <p>1 _____ Yes ➔ GO TO QUESTION 24</p> <p>2 _____ No</p>	
22a.	If not, why not?	
23.	<p>Is your partner/husband in agreement with continuing to use this method for the next three months?</p> <p>1 _____ Yes ➔ GO TO QUESTION 24</p> <p>2 _____ No</p>	
23a.	If not, why not?	
24	<p>Do you intend to continue using this method next year?</p> <p>1 _____ Yes ➔ GO TO QUESTION 25</p> <p>2 _____ No</p>	
24a.	If not, why not?	
25.	<p>Is your partner/husband in agreement with using this method next year?</p> <p>1 _____ Yes ➔ GO TO QUESTION 25</p> <p>2 _____ No</p>	
25a.	If not, why not?	
26.	<p>In general, are you satisfied with the Standard Days Method?</p> <p>1 _____ Yes</p> <p>2 _____ No</p>	
26a.	For which reasons?	
27.	<p>Would you recommend the Standard Days Method to other persons?</p> <p>1 _____ Yes</p> <p>2 _____ No</p> <p>3 _____ Does not know</p>	
27a.	For which reasons?	

28.	<p>Since you began using the SDM, have you ever thought you were pregnant?</p> <p>1 ____ Yes</p> <p>2 ____ No * GO TO QUESTION 32</p>	
29.	<p>How did this thought make you feel ?</p>	
30.	<p>Did you do anything about it?</p> <p>1 ____ Yes</p> <p>2 ____ No * GO TO QUESTION 32</p>	
31.	<p>What did you do?</p>	
32.	<p>Have you seen your provider since you began to use the SDM?</p> <p>1 ____ Yes</p> <p>2 ____ No GO TO QUESTION 36</p>	
33.	<p>Why did you consult with your provider?</p> <p>1 ____ Appointment</p> <p>2 ____ Recommended by provider</p> <p>3 ____ Wanted to speak to the provider</p> <p>4 ____ My partner wanted additional information</p> <p>5 ____ Other (specify): _____</p>	
34.	<p>Do you have specific questions to ask your provider?</p> <p>1 ____ Yes</p> <p>2 ____ No * GO TO QUESTION 36</p>	
35.	<p>Which questions did you want to ask your provider?</p>	
36.	<p>Which aspects of the CycleBeads do you like the best?</p>	
37.	<p>Which aspects of the CycleBeads do you like the least?</p>	
38a.	<p>In general, how do you find the use of CycleBeads?</p> <p>1 ____ Easy</p> <p>2 ____ Difficult</p> <p>Why? _____</p>	
38b.	<p>How did you find learning the SDM?</p> <p>1 ____ Easy</p> <p>2 ____ Difficult</p> <p>Why? _____</p>	
38c.	<p>Did you find it easy or difficult to remember to move the black ring every day?</p> <p>1 ____ Easy</p> <p>2 ____ Difficult</p> <p>Why? _____</p>	
38d.	<p>How do you find the collaboration with your partner/husband to use this method?</p> <p>1 ____ Easy</p> <p>2 ____ Difficult</p> <p>Why? _____</p>	
38e.	<p>Do you find it easy or difficult to remember to mark your calendar?</p> <p>1 ____ Easy</p> <p>2 ____ Difficult</p> <p>Why? _____</p>	
38f.	<p>Do you find it easy or difficult to manage your fertile days?</p>	

	1 ____ Easy 2 ____ Difficult Why? _____	
38g.	Was it easy or difficult for your partner/husband to manage your fertile days? 1 ____ Easy 2 ____ Difficult Why? _____	
39.	Did you find it useful to mark the first day of your menstruation on the calendar? 1 ____ Yes 2 ____ No HOW? _____	
40.	Do you believe that SDM/CycleBeads are compatible with religious beliefs and/or your culture? 1 ____ Very compatible 2 ____ Compatible 3 ____ Not compatible 4 ____ Other (specify): _____	

THANK THE CLIENT FOR HER PARTICIPATION IN THE ASSESSMENT.

V. Structured interview guide for partners of women who continue to use the SDM

Client identification			CODE
Interviewer name		Last name/ First name_____	
Interview date		Day / Month / Year	
Site name		_____	
Client birth date		Day / Month / Year	
Marital status		1 __ legally married 2 __ free union/ Common law 3 __ abandoned wife 4 __ divorced 5 __ other	
Religion		1= Catholic 2= Protestant 3= Pentecostal 4= Adventist 5= Muslim 6= No religion 7= Other	
Educational level		1= no schooling 2= unfinished primary education; 3= completed primary education 4= unfinished secondary education 5= completed secondary education 6= completed professional education 7= higher studies and university 8= other	
Number of children			
Starting date of CycleBeads use			
1.	Has your wife ever used a family planning (FP) method?		

1.a	If yes, which one? Birth control pills Condom IUD Depo-Provera Calendar Withdrawal Abstinence Sterilization CycleBeads Other method		
2.	Has she used a family planning (FP) method during the last two months? 1. Yes 2. No		
2.b	If yes, which one? a. Birth control pills b. Condom c. IUD d. Depo-Provera e. Calendar f. Withdrawal g. Abstinence h. Sterilization i. CycleBeads j. Other method		
3.	Are you and your partner still using the CycleBeads/SDM method to avoid pregnancy? 1 __ Yes → GO TO QUESTION 5 2 __ No → Stop the interview		
4.	Is your wife currently pregnant? 1 __ Yes → GO to the interview about pregnancy 2 __ No		
Interviewer: read to the client: «Now I will ask you some questions about CycleBeads and your experience using them. » Fill in the answers offered in the box marked «spontaneous answer. » For details not mentioned spontaneously, ask the client questions to obtain more detail and fill in the answers in the box marked «prompted answer. »			
COUPLE'S USE AND PERCEPTION OF THE SDM			
5. Please explain how to use the CycleBeads.			
	1. Spontaneous answer	2. Prompted answer	
5a.			Place the black ring on the red bead when menstruation begins

5b.			Mark the first day of menstruation on the calendar	
5c.			Move the black ring to the next bead every day	
5d.			Unprotected sexual relations not allowed on the white bead days	
5e.			Unprotected sexual relations allowed on the brown bead days	
5f.			Move the black ring in the correct direction (in the direction of the arrow, from the narrow end of the bead to the wider end)	
6.	What did you do when your partner's menstruation began before the black ring was on the dark brown bead (27th day)?			
7.	What did you do when your partner did not begin menstruating after having placed the black ring on the last bead of the CycleBeads?			
8.	Did you (your wife and/or yourself) move the black ring every day, even on the days your partner had her menstrual period? 1__ Yes 2__ No			
9.	Normally, who marks the first day of menstruation on the calendar? 1__ The wife 2__ The husband 3__ Both 4__ Other (specify) : _____			
10.	Interviewer: show the CycleBeads to the client and ask the following questions: If you do not want your wife/partner to become pregnant, on which days should you avoid unprotected sexual relations? 1)__ white beads 3)__ between the 8 th and 19 th day 2)__ brown beads 4)__ others (specify) _____			
11.	On the days when the black ring is on a white bead, what do you and your partner/wife do to avoid pregnancy? 1_____ Nothing 2_____ Condom → GO TO QUESTION 12 3_____ Withdrawal → GO TO QUESTION 12 4_____ Abstinence → GO TO QUESTION 10 (12 a?) 5_____ Other (specify) _____ GO TO QUESTION 12			
11a.	Why don't you do anything to avoid pregnancy during your partner's fertile period, when the black ring is on the white beads?			
12.	What did you and your partner decide to do during the fertile days, when the black ring is on the white beads?			
12a.	How did you make this decision?			
12b.	What other methods have you used during this period?			
12c.	If you use condoms during the fertile days, where do you usually obtain them? 1 __ Health facilities (through your provider) 2 __ Private pharmacy 3 __ Community health workers 4 __ Shop and/or Kiosk 5 __ Elsewhere (specify) : _____			

13.	Since you began using the SDM, have you thought that your partner was pregnant? 1 __ Yes 2 __ No * GO TO QUESTION 14	
13a	Did you do anything about it? 1 __ Yes 2 __ No * GO TO QUESTION 14	
13B	What did you do?	
14.	Have you seen your provider since you began using the SDM? 1 __ Yes 2 __ No * GO TO QUESTION 15	
14a.	Why did you go to see your provider? 1__ Appointment 2__ Recommended by the provider 3__ I wanted to speak with the provider 4__ My partner/wife wanted additional information 5__ Other (specify): _____	
14b.	Did you have specific questions that you wanted to ask your provider? 1 _____ Yes 2 _____ No * GO TO QUESTION 15	
14c.	What questions did you want to ask the provider?	
14d.	How would you rate the provider's answers to your questions?	
<u>COMMUNICATION AND COLLABORATION BETWEEN PARTNERS</u>		
15.	Did you and your partner/wife agree to not have sexual relations on certain days? 1 __ Yes 2 __ No * GO TO QUESTION 16	
15a.	If yes, how do you communicate this agreement?	
16.	Since you began using this method, have there been days during your partner's fertile period (white bead) when you did not want to have sexual relations with your partner/wife, but she did? 1 __ Yes 2 __ No → GO TO QUESTION 15 (17?)	
16a.	What did you do?	
17.	Have you found it easy or difficult to work with your partner/wife to use the SDM? 1 __ Easy 2 __ Difficult Why? _____	
18.	Since you began using the SDM, have you noticed any changes in your relationship with your partner/wife? 1 __ Yes 2 __ No → GO TO QUESTION 19a	

18a.	If yes, what kinds of changes (positive/negative) have you observed? 1. Positive changes: 2. Negative changes:	
COUPLES' SATISFACTION WITH THE SDM		
19a	Which CycleBeads do you like the most?	
19b	Which CycleBeads do you like the least?	
20.	In general, do you think the CycleBeads are easy or difficult to use? 1 __ Easy → Go to question 20a 2 __ Difficult → Go to question 20b Why? _____	
20a.	Easy aspects of CycleBeads use. (→ Go to question 19—delete?)	
20b.	Difficult aspects of CycleBeads use.	
21.	Is it easy or difficult for you to manage your wife's fertile days? 1 __ Easy 2 __ Difficult Why? _____	
22a.	Do you think that CycleBeads are compatible with your cultural beliefs? 1 ____ Very compatible 2 ____ Compatible 3 ____ Not compatible 4 ____ Other (specify): _____	
22b.	Do you think that CycleBeads are compatible with your religious beliefs? 1 ____ Very compatible 2 ____ Compatible 3 ____ Not compatible 4 ____ Other (specify): _____	
23.	How do you feel about abstaining from unprotected sexual relations during your partner's/wife's fertile days (white beads days)?	
23a.	How do you rate the counseling and other information about CycleBeads that you received from the provider?	
24.	Overall, are you satisfied with the Standard Days Method (CycleBeads)? 1 __ Yes 2 __ No	
24a.	Why/why not?	
25.	Do you think that your wife is satisfied with the SDM? Yes No	
25a.	Why/why not?	
26.	Do you (and your partner/wife) intend to continue using this method next year? 1 __ Yes 2 __ No	
26a.	Why/why not?	
RECOMMENDATIONS		
27.	What are your suggestions for making CycleBeads easier to use?	

28.	If CycleBeads were available outside of health facilities (in pharmacies, shops, kiosks, etc.,) do you think more couples would use them? Yes Non	
28a.	Why/why not?	
29.	Would you recommend the Standard Days Method to others? 1 __ Yes 2 __ No 3 __ Maybe 4 __ Don't know	
29a.	Why/why not?	
30.	Is there anything you would like to add to this interview concerning the SDM and CycleBeads?	

VI. Structured interview guide for female SDM discontinuers

CLIENT IDENTIFICATION CODE	_____ - _____ - _____ Site Interviewer Provider	
INTERVIEWER NAME	Last NAME / First NAME: _____	
Client birth date	Day / Month / Year	
Marital status	1__ legally married 2__ free union/ Common law 3__ abandoned 4__ divorced 5__ other	
Religion	1= Catholic 2= Protestant 3= Pentecostal 4= Adventist 5= Muslim 6= No religion 7= Other	
Educational level	1= no schooling 2= unfinished primary education 3= completed primary education 4= unfinished secondary education 5= completed secondary education 6= completed professional education 7= higher studies and university 8= other	
Number of children		
Starting date of CycleBeads use		
INTERVIEW DATE	_____/_____/_____ Day / Month / Year	

<p>Interviewer: ask the client to show you her calendar and her CycleBeads. Examine her calendar and count the number of days between her menstrual periods (count the days by beginning with the first day of her last menstruation and finishing with the day before her next menstruation.)</p> <p><i>Date of most recent menstruation ____/____/____ Days in the current cycle</i></p> <p><i>Date of last menstruation ____/____/____ Days in the last cycle</i></p> <p><i>Date of previous menstruation ____/____/____ Days in the previous cycle</i></p> <p><i>Date of menstruation before previous ____/____/____ Days in the cycle before previous</i></p> <p>If the client lost her calendar, record the information about her most recent period and about any others that she remembers. Note in question 25 that the calendar is missing. If the client does not remember the dates, do not record anything.</p> <p>If the client had two or more cycles lasting less than 26 days or more than 32 days, or if she had a cycle of over 42 days, refer her to the provider. Flag this case.</p>		
1.	<p>Why did you stop using CycleBeads as a pregnancy-prevention tool?</p> <p>1 ____ The client had two or more cycles outside the appropriate range</p> <p>2 ____ The client did not want to continue using the SDM</p> <p>3 ____ The partner/husband did not want to continue using the SDM</p> <p>4 ____ The client did not want to provide information</p> <p>5 ____ The client wanted/wants to become pregnant</p> <p>6 ____ Other (specify): _____</p>	
2.	<p>Do you want to become pregnant in the next three months?</p> <p>1 ____ Yes →</p> <p>2) ____ No</p>	
3.	<p>Do you currently do anything to avoid pregnancy?</p> <p>1) ____ Yes GO TO QUESTION 5</p> <p>2) ____ No</p>	
4.	<p>If not, what is stopping you from doing anything to avoid pregnancy?</p> <p>GO TO QUESTION 7</p>	
5.	<p>What do you do or use to avoid pregnancy?</p> <p>1 ____ Nothing</p> <p>2 ____ Abstinence</p> <p>3 ____ Withdrawal</p> <p>4 ____ LAM</p> <p>5 ____ Condom</p> <p>6 ____ Spermicides</p> <p>7 ____ Birth control pills (oral contraceptive)</p> <p>8 ____ Injectables/Depo</p> <p>9 ____ Male sterilization (vasectomy)</p> <p>10 ____ Female sterilization</p> <p>11 ____ IUD</p> <p>12 ____ Norplant</p> <p>13 ____ Others (specify): _____</p>	
6.	<p>Why do you choose this family planning method?</p>	

<p>Interviewer: read to the client: «Now I am going to ask you some questions about CycleBeads and your experiences using them. »</p> <p>Fill in the client's answers in the box marked «spontaneous answer. » For details not mentioned spontaneously, ask the client questions to obtain more detail and fill in the answers in the box marked «prompted answer. »</p>				
7.	EXPLAIN HOW YOU USED THE CYCLEBEADS.			
	Answer	No answer		
7a.			Place the black ring on the red bead when menstruation begins	
7b.			Mark the first day of menstruation on the calendar	
7c.			Move the black ring to the next bead every day	
7d.			Unprotected sexual relations not allowed on the white beads days	
7e.			Unprotected sexual relations permitted on the brown bead days	
7f.			Move the black ring in the correct direction (in the direction of the arrow, from the narrow end of the bead to the wider end)	
8.	What did you do if your menstrual period arrived before the black ring reached the dark brown bead (27th day?)			
9.	What did you do if you did not have your menstrual period after having placed the black ring on the last CycleBead?			
10.	Did you move the black ring every day, even on the days you had your menstrual period? 1 _____ Yes 2 _____ No			
11.	What did you do during your fertile period (when the black ring was on a white bead) to avoid pregnancy?			
12.	Was your partner/husband involved in the use of the CycleBeads? How? 1 _____ Yes 2 _____ No → GO TO QUESTION 13			
12a.	If yes, how was your partner/husband involved in the use of CycleBeads?			
13.	Did using CycleBeads change/affect your relationship with your partner/husband? 1 _____ Yes → 2 _____ No → GO TO QUESTION 14			
13a.	If yes, how did using CycleBeads affect your relationship with your husband?			
14.	What did you like most about CycleBeads?			
15.	What did you like the least about CycleBeads?			
16a.	In general, did you think CycleBeads were easy or difficult to use? 1 _____ Easy 2 _____ Difficult → Why? _____			
16b.	Was learning the method easy or difficult? 1 _____ Easy 2 _____ Difficult Why? _____			

16c.	Was it easy or difficult to remember to move the black ring each day? 1 ____ Easy 2 ____ Difficult Why? _____	
16d.	Was it easy or difficult for you to work with your partner to use CycleBeads? 1 ____ Easy 2 ____ Difficult Why? _____	
16e.	Was it easy or difficult to remember to mark your calendar? 1 ____ Easy 2 ____ Difficult Why? _____	
16f.	Was it easy or difficult to manage your fertile days? 1 ____ Easy 2 ____ Difficult Why? _____	
16g.	Was it easy or difficult for your partner/husband to manage your fertile days? 1 ____ Easy 2 ____ Difficult Why? _____	
17.	I am going to tell you some stories of couples who use CycleBeads. I would like you to tell me if something similar has happened to you. Marie and Didier use CycleBeads but found it difficult to identify the fertile days because they sometimes forgot to move the black ring. Have you had the same or a similar experience? What did you do?	
17a.	Clarisse and Jean use CycleBeads. She is worried because Jean sometimes tells her: «I am fed up with the CycleBeads. I want to have sex right now. » Have you had the same experience? What did you do?	
17b.	Gervais and Chantal went out one evening. When they returned home, Gervais had had too much to drink, but he insisted on having sex even though Chantal was in her fertile period. Have you had the same experience? What did you do?	
17c.	Elisabeth uses CycleBeads to avoid pregnancy. Sometimes, however, she wants to have sexual relations even during her fertile days. Have you had the same experience? What did you do?	
18.	Did you find it useful to mark the first day of your menstruation on the calendar? 1 ____ Yes 2 ____ No HOW was it useful?	
19.	Do you think that CycleBeads are compatible with your religious and/or cultural beliefs? 1 ____ Very compatible 2 ____ Compatible 3 ____ Not compatible 4 ____ Other (specify) : _____	

20.	Would you recommend the Standard Days Method to others? 1 _____ Yes 2 _____ No 3 _____ Maybe 4 _____ Does not know	
20a.	Why/why not?	
21.	Do you have anything else to add?	

VII. Structured interview guide for women who conceived while using the SDM

		Code
CLIENT IDENTIFICATION CODE	____ - ____ - ____ Site Interviewer Provider	
INTERVIEWER NAME		
INTERVIEW DATE	Day / Month / Year	
SITE NAME		
CLIENT BIRTH DATE	Day / Month / Year	
Marital status	1__ Legally married 2__ free union/ Common law 3__ abandoned 4__ divorced 5__ other	
Religion	1= Catholic 2= Protestant 3= Pentecostal 4= Adventist 5= Muslim 6= No religion 7= Other	
Educational level	1= no schooling 2= unfinished primary education; 3= completed primary education 4= unfinished secondary education 5= completed secondary education 6= completed professional education 7= higher studies and university 8= other	
Number of children		
Starting date of CycleBeads use		
ASK THE CLIENT THE FOLLOWING QUESTIONS:		
1.	Were you using the CycleBeads when you became pregnant? 1 ____ Yes 2 ____ No → GO TO QUESTION 3 Why?	
2a.	Did you talk to the provider about your pregnancy before becoming pregnant?	
2b.	Did you return the CycleBeads to the provider after you became pregnant?	
2c.	When you became pregnant, was it voluntary? 1. Yes 2. No	

2d.	If yes, why?	
2e.	If not, what happened?	
3.	Did you mark the first day of your menstrual period on the calendar each month? 1) _____ Yes GO TO QUESTION 4 2) _____ No	
3a.	If not, what stopped you from marking your calendar each month?	
4.	During your last menstrual cycle, were there days when you knew you were on a white bead but you had sexual relations anyway? 1. No 2. Yes	
4a.	Please show me you're CycleBeads and indicate the days during the last cycle when you had sexual relations. Interviewer: Write down the days of the cycle on which the client had sexual relations while knowing she was on a white bead.	
5.	Were there days on which you had sexual relations, and realized later that you were on a white bead? 1. No 2. Yes	
5a.	Which were those days? Interviewer: Note the color of the bead on the day the client had sexual relations and realized too late that she was on a white bead.	
6.	Were there days when you used another method in combination with CycleBeads? 1. No 2. Yes	
6a.	Which were those days? Interviewer: Write down the days of the cycle when the client used another method.	
6.b	Which method did you use on those days?	
7	During your last cycle, did your partner insist on having sexual relations on a day when you were on a white bead? 1. No 2. Yes	
7a.	How did you react to this insistence?	
7b.	If you did not want sexual relations but your husband insisted, how would you react?	
8.	During your last cycle (while you were pregnant) were you and your husband separated longer than usual? 1. No 2. Yes	
9.	Did alcohol prevent you and/or your husband from using condoms during your fertile period? 1. Yes → How did you react? 2. No 3. Husband does not drink	
Interviewer: read to the client: «Now I am going to ask you some questions about CycleBeads and your experience using them. » Fill in the answers offered in the box marked «spontaneous answer. » For details not mentioned, ask client questions to give more details and fill in the answers in the box marked «prompted answer. »		

10.	EXPLAIN HOW YOU USED THE CYCLEBEADS.			
	Answer	No answer		
10.a.			Place the black ring on the red bead when menstruation begins	
10.b.			Mark the first day of menstruation on the calendar	
10c.			Move the black ring to the next bead every day	
10d.			Unprotected sexual relations not allowed on the white beads days	
10e.			Unprotected sexual relations allowed on the brown beads days	
10f.			Move the black ring in the correct direction (in the direction of the arrow, from the narrow end of the bead to the wider end)	
11a.	What did you do if your menstruation began before you reached the dark brown bead (27th day)?			
11b.	What did you do if you did not begin menstruating after having placed the black ring on the last CycleBead?			
12.	Did you move the black ring every day, even on the days you had your menstrual period? 1 _____ Yes 2 _____ No			
13.	What did you do during your fertile period to avoid pregnancy?			
14.	Was your partner/husband involved in the use of CycleBeads? How? 1 _____ Yes 2 _____ No → GO TO QUESTION 15			
14a.	If yes, how was your partner/husband involved in the use of CycleBeads?			
15.	Did using CycleBeads change/affect your relationship with your partner/husband? 1 _____ Yes → 2 _____ No → GO TO QUESTION 16a			
15a.	If yes, how did using CycleBeads affect your relationship with your husband?			
16a.	What did you like most about CycleBeads?			
16b.	What did you like the least about CycleBeads?			
17a.	In general, did you think CycleBeads were easy or difficult to use? 1 _____ Easy 2 _____ Difficult Why? _____			
17b.	Was learning the method easy or difficult? 1 _____ Easy 2 _____ Difficult Why? _____			
17c.	Was it easy or difficult to remember to move the black ring each day? 1 _____ Easy 2 _____ Difficult Why? _____			
17d.	Was it easy or difficult to work with your partner in using this method?			

	1 ____ Easy 2 ____ Difficult Why? _____	
17e.	Was it easy or difficult to remember to mark the calendar? 1 ____ Easy 2 ____ Difficult Why? _____	
17f.	Was it easy or difficult for you to manage your fertile days? 1 ____ Easy 2 ____ Difficult Why? _____	
17g.	Was it easy or difficult for your partner/husband to manage your fertile days? 1 ____ Easy 2 ____ Difficult Why? _____	
18a.	I am going to tell you some stories of couples who use CycleBeads. I would like you to tell me if something similar has happened to you. Marie and Didier use CycleBeads but found it difficult to identify the fertile days because they sometimes forgot to move the black ring. Have you had the same or a similar experience? What did you do?	
18b.	Clarisse and Jean use CycleBeads. She is worried because Jean sometimes tells her: «I am fed up with the CycleBeads. I want to have sex right now. » Have you had the same experience? What did you do?	
18c.	Gervais and Chantal went out one evening. When they returned home, Gervais had had too much to drink, but he insisted on having sexual relations even though Chantal was in her fertile period. Have you had the same experience? What did you do?	
18d.	Elisabeth uses CycleBeads to avoid pregnancy. Sometimes, however, she wants to have sexual relations even during her fertile days. Have you had the same experience? What did you do?	
19	Do you think that CycleBeads are compatible with your religious and/or cultural beliefs? 1 ____ Very compatible 2 ____ Compatible 3 ____ Not compatible 4 ____ Other (specify) : _____	
20.	Would you recommend the Standard Days Method to others? 1 ____ Yes 2 ____ No 3 ____ Maybe 4 ____ Does not know	
20a	Why/why not?	
21	Do you have anything to add?	

VIII. Structured interview guide for providers / supervisors

		Code
PROVIDER IDENTIFICATION CODE	Site Interviewer Provider	
INTERVIEWER NAME		
INTERVIEW DATE	Day / Month / Year	
SITE NAME		
Marital status	1__ Married 2__ Single 3__ Religious 4__ Other	
Religion	1= Catholic 2= Protestant 3= Pentecostal 4= Adventist 5= Muslim 6= No religion 7= Other	
Educational level	1= unfinished secondary education 2= completed secondary education 3= higher studies and university 4= other	
PROVIDER GENDER	1____ Masculine 2____ Feminine	
PROVIDER CATEGORY	1____ Nurse's assistant 2____ Nurse 3____ Midwife 4____ Physician 5____ Other (specify) : _____	
INTERVIEWER: READ TO THE PROVIDER: «I am going to ask you some questions about your experience in offering the Standard Days Method (SDM) for family planning. »		
How long have you been offering the SDM (with the help of CycleBeads)		_____
1.	How long have you been providing family planning services?	
2.	How long have you worked at this site offering family planning services?	
3.	Which women can use the Standard Days Method? (Eligibility criteria) INTERVIEWER: CHECK ALL THE ANSWERS MENTIONED 1____ Women with menstrual cycles from 26 to 32 days 2____ Women whose partner/husband is interested in using the method 3____ Couples who can avoid sexual relations during the fertile period (corresponding to the white beads days) 4____ Other (specify) : _____	
4.	Can a couple at risk of sexually transmitted disease use the Standard Days Method?	

	1____ Yes 2____ No	
5.	Can a breastfeeding woman use the Standard Days Method? 1____ Yes 2____ No * GO TO QUESTION 6	
5a.	If yes, what are the eligibility criteria for breastfeeding women? INTERVIEWER: CHECK ALL THE ANSWERS MENTIONED 1____ Women who have already menstruated at least four times since delivery 2____ Women with menstrual cycles from 26 to 32 Days 3____ Other (specify) : _____	
6.	Can women who gave up the use of birth control pills, Norplant, month-long injectable or the IUD use the Standard Days Method? 1____ Yes 2____ No * GO TO QUESTION 7	
6a.	If yes, what are the eligibility criteria for these women? INTERVIEWER: CHECK ALL THE ANSWERS MENTIONED 1____ Women who had menstrual cycles from 26 to 32 days before using birth control pills, Norplant, a month-long injectable contraceptive, or an IUD 2____ These women should wait to use the SDM until the beginning of their next menstrual period. 3____ Women should avoid unprotected sexual relations until the beginning of their next menstrual period, when they can begin to use the SDM 4____ Other (specify) : _____	
7.	Can women who gave up Depo-Provera (an injectable lasting two to three months) use the SDM? 1____ Yes 2____ No → GO TO QUESTION 8	
7a.	If yes, what are the eligibility criteria for these women? Interviewer: CHECK ALL ANSWERS MENTIONED 1____ Women who had menstrual cycles from 26 to 32 days before and after using Depo-Provera 2____ Women who have had at least two menstruations (roughly a month apart) since the date scheduled for their next injection 3____ Women whose menstrual cycles were approximately the same length and frequency before they began using Depo-Provera 4____ Other (specify) : _____	
8.	Can women who have had a miscarriage or false labor, or who have used emergency contraception use the SDM? 1____ Yes 2____ No → GO TO Question 9	
8a.	If yes, what are the eligibility criteria for these women? Interviewer: CHECK ALL THE ANSWERS MENTIONED 1__ Women who had menstrual cycles from 26- 32 days before becoming pregnant 2__ Women should wait to use the SDM until the beginning of their next menstruation 3__ Women should avoid having unprotected sexual relations until the beginning of their next menstruation, when they can begin to use the SDM 4__ Other (specify) : _____	
9.	What should couples do to avoid pregnancy during the fertile period? (Indicated by the white	

	beads?) Interviewer: CHECK ALL THE ANSWERS MENTIONED 1___ Avoid unprotected sexual relations 2___ Don't know 3___ Other (specify) : _____	
10.	When should a woman come to the clinic to consult with the provider? Interviewer: CHECK ALL THE ANSWERS MENTIONED 1__ Her menstrual cycle begins before she reaches the dark brown bead 2__ Her menstrual cycle has not begun by the time she reaches the last brown bead 3__ The woman has difficulties avoiding unprotected sexual relations during the fertile period (indicated by the white beads) 4__ The woman has difficulties moving the black ring each day 5__ The woman has other questions or concerns 6__ At her one-month follow-up appointment 7__ Other (specify) : _____	
11.	What should the woman do if she forgets to move the black ring for a day or two? Interviewer: CHECK ALL THE ANSWERS MENTIONED 1___ Check the calendar and identify the first day of her last menstruation. Move the ring to the correct bead, counting from that day. 2___ If she does not know the date of the first day of her last menstrual cycle, she should abstain from unprotected sexual relations until her next menstrual cycle. 3___ Don't know 4___ Other (specify) : _____	
12.	In your opinion, are family planning clients interested in the SDM? 1___ Yes 2___ No	
12a.	Why/why not?	
13.	Have you had difficulty offering the SDM as part of family planning options? 1___ Yes 2___ No * GO TO QUESTION 14	
13a.	If yes, what kinds of difficulties have you encountered? Interviewer: CHECK ALL THE ANSWERS MENTIONED 1___ It takes too long to explain the method. 2___ Clients are not interested in the method. 3___ Women do not know the length of their menstrual cycles. 4___ Other (specify) : _____	
14.	Do you feel confident offering the SDM? 1___ Yes → GO TO QUESTION 15 2___ No	
14a.	If not, what additional training would you need to be able to confidently offer this method?	
15.	When you distribute condoms to couples who have requested them during their fertile days, do you always demonstrate their proper use? 1. Yes 2. No Why/why not?	
16.	INTERVIEWER: ask the provider to demonstrate using a condom with a wooden penis. The demonstration by the provider was: 1. Very good	

	2. Average 3. Unsatisfactory 4. Demonstration not carried out Why not?:	
16a	How easy is it to demonstrate condom use?	
16b	How difficult is it to demonstrate condom use?	
16c.	If you face difficulties, how do you overcome them?	
17	When you suspect that your client may be infected with a STD, do you refer him/her to the VCT (Voluntary Counseling and Testing for HIV)? 1. Yes 2. No	
17a	Why/why not?	
18.	In your opinion, have clients encountered difficulties using the SDM method? 1 ____ Yes 2 ____ No * GO TO QUESTION 19	
18a.	If yes, what types of problems have they had? Interviewer: CHECK ALL THE ANSWERS MENTIONED 1 ____ Difficulties in avoiding unprotected sexual relations during the fertile period (white beads) 2 ____ They often forgot to mark their calendar. 3 ____ They often forgot to move the black ring each day. 4 ____ Other (specify) : _____	
19.	How do you rate each of the following tools that come with the SDM?	
19a.	CycleBeads : 1 ____ Very useful/excellent 2 ____ Useful 3 ____ Useful but needs changes 4 ____ Not at all useful 5 ____ Don't know	
19b.	Calendar : 1 ____ Very useful/excellent 2 ____ Useful 3 ____ Useful but needs changes 4 ____ Not at all Useful 5 ____ Don't know	
19c.	Client reminder card: 1 ____ Very useful/excellent 2 ____ Useful 3 ____ Useful but needs changes 4 ____ Not at all Useful 5 ____ Don't know	
19d.	Promotional material: 1 ____ Very useful/excellent 2 ____ Useful 3 ____ Useful but needs changes 4 ____ Not at all Useful 5 ____ Don't know	
19e.	Provider reminder card 1 ____ Very useful/excellent 2 ____ Useful 3 ____ Useful but needs changes	

	4_____ Not at all Useful 5_____ Don't know	
19f.	Provider counseling guide 1_____ Very useful/excellent 2_____ Useful 3_____ Useful but needs changes 4_____ Not at all Useful 5_____ Don't know	
20.	Do you recommend continuing to offer the SDM at this family planning site? 1_____ Yes 2_____ No	
20a.	Why/wny not?	
21.	Do you recommend offering the SDM in other family planning clinics in Rwanda? 1_____ Yes 2_____ No	
21a.	Why/why not?	
22	Do you have anything else to add?	

IX. Guide for Focus Group Discussions with women who never used the SDM

Assess the awareness level of women who have not used the SDM.

1. Which different FP methods do you know about?
 - 1.1 How did you find out about these methods?
2. Have you ever used a FP method? If so, which one(s)?
 - 2.1 Why did you use that particular method?
3. Have you used a FP method in the last two months?
 - 3.1 If so, which one(s)?
4. Are you currently a FP method user?
 - 4.1 If so, which one do you use?
 - 4.2 Why did you choose this particular method?
5. Have you heard of the SDM? (If not, go to question 2.9)
 - 5.1 If yes, where, when, and through whom?
 - 5.2 What specific information do you remember?
 - 5.3 How did you rate the SDM in relation to other FP methods?
 - 5.3.1 More specifically, how do you feel about the SDM/CycleBeads in relation to the use of condoms?
6. Could you tell us if you and your partner have ever talked about the SDM?
 - 6.1 For which reasons?
7. In your opinion, what would be the advantages of the SDM as an FP method?
8. In your opinion, what would be the inconveniences and difficulties of the SDM as an FP method?
9. If you have never heard about the SDM, it is a natural FP method based on the use of CycleBeads allowing a woman to easily track whether she is in her fertile period or not, using different colored beads as a tool. The SDM requires dialogue between the couple and the participation of both, the male and the female.
10. How do you consider the SDM then, in relation to your FP needs as a couple?

Describe the IEC/BCC component in relation to the SDM in Rwanda.

11. Which information/messages have you heard or seen regarding the Standard Days Method? (Radio messages, television programs, posters/pamphlets at health centers or elsewhere)
 - 11.1 What are your impressions concerning these messages?
 - 11.2 How useful do you rate them in relation to questions you ask yourself?
 - 11.3 To what degree have these messages influenced you?

12. Do you think that your partner would like to use the SDM? Why or why not?

Recommendations

13. Would you recommend the SDM to your friends and family? Why or why not?

14. Would you recommend that the SDM become part of family planning options for all couples in Rwanda? Why or why not?

15. What do you think about the CycleBeads being free of charge?

15.1 Do you think that it would appropriate for CycleBeads to be sold in pharmacies ?Why or why not?

15.2 If CycleBeads were available outside of health facilities (pharmacies, shops, kiosks, etc.) do you believe more couples would use them? Explain

16. Do you have anything else to add to this interview about the SDM?

X. Guide for Focus Group Discussions with men who have never used the SDM

Assess the awareness level of men who have not used the SDM.

1. Which different FP methods do you know about?
 - 1.1 . How did you find out about these methods?
2. Have you ever used a FP method? If so, which one(s)?
 - 2.1 Why did you use that particular method?
3. Have you used a FP method in the last two months?
 - 3.1 If so, which one(s)?
4. Are you currently a FP method user?
 - 4.1 If so, which one do you use?
 - 4.2 Why did you choose this particular method?
5. Have you heard of the SDM? (If not, go to question 2.10)
 5. If yes, where, when, and through whom?
 - 5.2 What specific information do you remember?
6. How did you rate the SDM in relation to other FP methods?
 - 6.1 More specifically, how do you feel about the SDM/CycleBeads in relation to the use of condoms?
7. Could you tell us if you and your partner have ever talked about the SDM?
 - 7.1 For which reasons?
8. In your opinion, what would be the advantages of the SDM as an FP method?
9. In your opinion, what would be the inconveniences and difficulties of the SDM as an FP method?
10. If you have never heard about the SDM, it is a natural FP method based on the use of CycleBeads allowing a woman to easily track whether she is in her fertile period or not, using different colored beads as a tool. The SDM requires dialogue between the couple and the participation of both, the male and the female.
 - 10.1 How do you consider the SDM then, in relation to your FP needs as a couple?

Describe the IEC/bCC component in relation to the SDM in Rwanda.

11. Which information/messages have you heard or seen regarding the Standard Days Method? (Radio messages, television programs, posters/pamphlets at health centers or elsewhere)
 - 11.1 What are your impressions concerning these messages?
 - 11.2 How useful do you rate them in relation to questions you ask yourself?

- 11.3 To what degree have these messages influenced you?
12. Do you think that your partner would like to use the SDM? Why or why not?

Recommendations

13. Would you recommend the SDM to your friends and family? Why or why not?
14. Would you recommend that the SDM become part of family planning options for all couples in Rwanda? Why or why not?
15. What do you think about the CycleBeads being free of charge?
- 15.1 Do you think that it would be appropriate for CycleBeads to be sold in pharmacies? Why or why not?
16. If CycleBeads were available outside of health facilities (pharmacies, shops, kiosks, etc.) do you believe more couples would use them? Explain.
17. Do you have anything else to add to this interview about the SDM?

Target group:

No	Age	Marital status: 1= Legally married 2= Free union 3= other	Number of children	Educational level: 1= no schooling 2= unfinished primary education; 3= completed primary education 4= unfinished secondary education 5= completed secondary education 6= completed professional education 7= higher studies and university 8= other	Current profession: 1= farmer/ breeder 2= storekeeper 3= housework 4= civil servant 5= student 6= other:	Starting date of CycleBeads use	Religion: 1= Catholic 2= Protestant 3= Pentecostal 4= Adventist 5= Muslim 6= No religion 7= Other:

Facilitator:

Reporter:

Annex II: tables and graphs

Figure 1: Opinion of female users about the days they may conceive from unprotected sexual relations

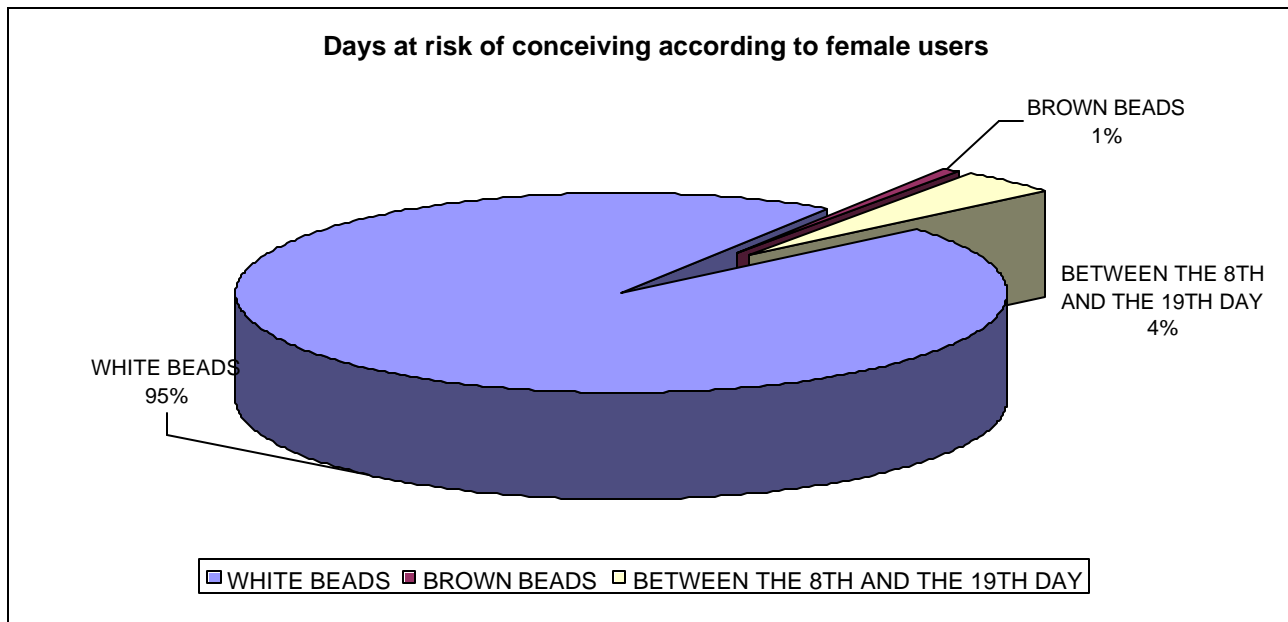


Figure 2: Opinion of male users about the days when one may conceive from unprotected sexual relations

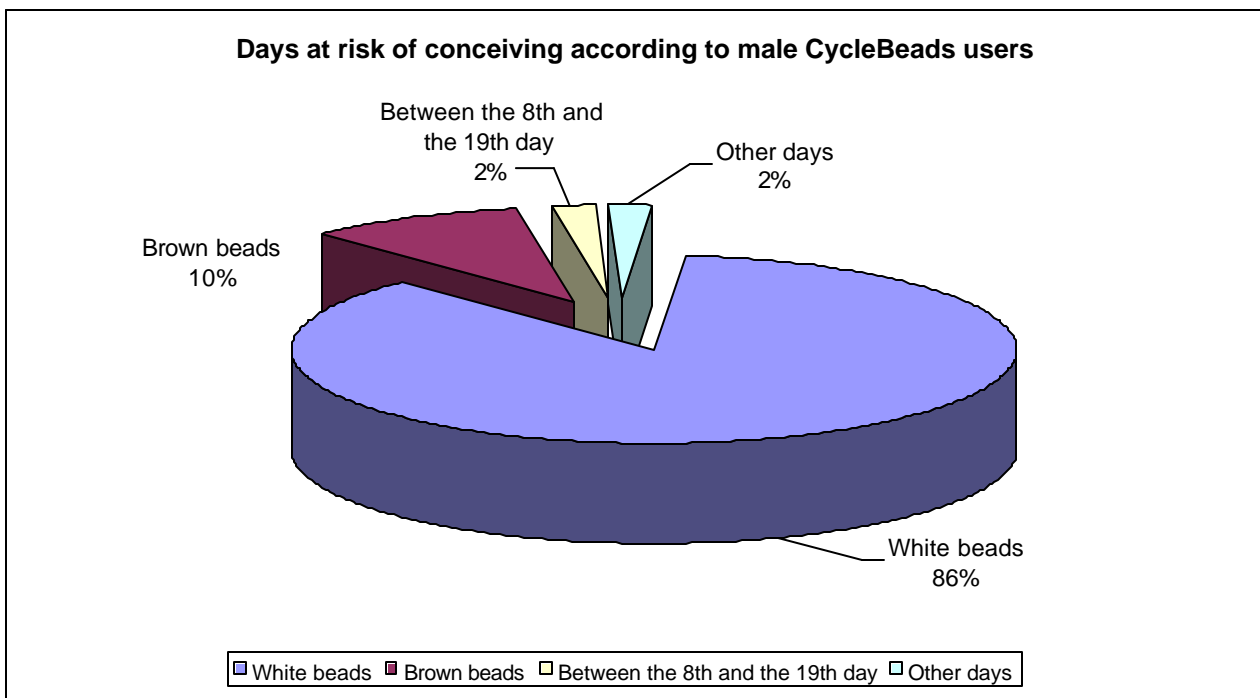


Figure 3: Perception of female users, by level of education, on the management of the 12 fertile days

Educational level	Management of the 12 fertile days					
	Easy		Difficult		Total	
	N	%	N	%	N	%
No schooling	20	95.24	1	4.76	21	100
Unfinished primary	26	96.30	1	3.70	27	100
Completed primary	42	95.45	2	4.55	44	100
Artesanal school	11	100.00	0	-	11	100
Uncompleted secondary	10	83.33	2	16.67	12	100
Completed secondary	5	100.00	0	-	5	100
Other level	1	100.00	0	-	1	100
Total	115	95.04	6	4.96	121	100

Figure 4: Perception of male users, by educational level, on the management of their wives' 12 fertile days

Educational level	Management of the 12 fertile days					
	Easy		Difficult		total	
	N	%	N	%	N	%
No schooling	3	100.00	-	-	3	100.00
Unfinished primary	17	94.44	1	5.56	18	100.00
Completed primary	18	85.71	3	14.29	21	100.00
Artesanal school	4	100.00			4	100.00
Uncompleted secondary	2	66.67	1	33.33	3	100.00
Completed secondary	2	100.00			2	100.00
Total	46	90.20	5	9.80	51	100.00

Figure 5: Female users who wish to continue the SDM next year

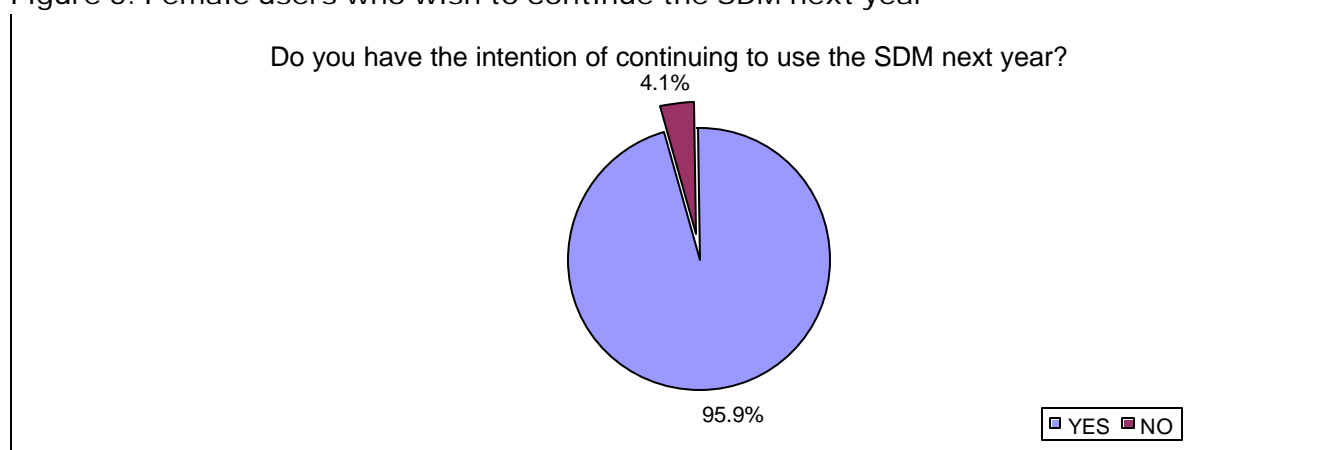


Figure 6: Male users who wish to continue the SDM next year

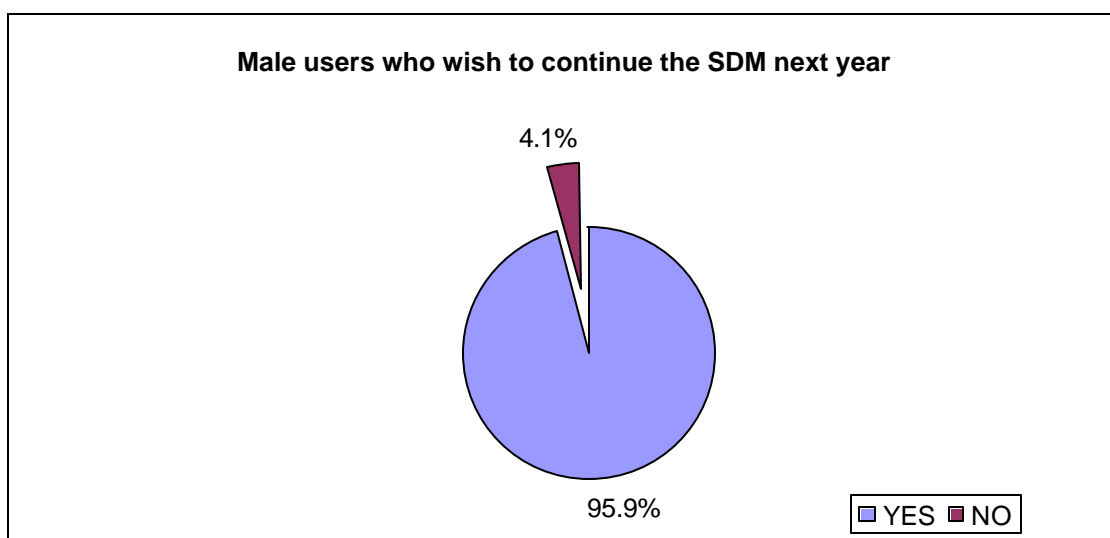


Figure 7: Condom use, by religion, among female clients

Religion	Condom use during the fertile period					
	Yes		No		Total	
	N	%	N	%	N	%
Catholic	8	13.56	51	86.44	59	100.00
Protestant	6	28.57	15	71.43	21	100.00
Pentecostal	2	11.76	15	88.24	17	100.00
Adventist	5	35.71	9	64.29	14	100.00
Muslim	3	75.00	1	25.00	4	100.00
Other religion	2	33.30	4	66.70	6	100.00
Total	26	21.49	95	78.51	121	100.00

Figure 8: How men handle the fertile period of their wives

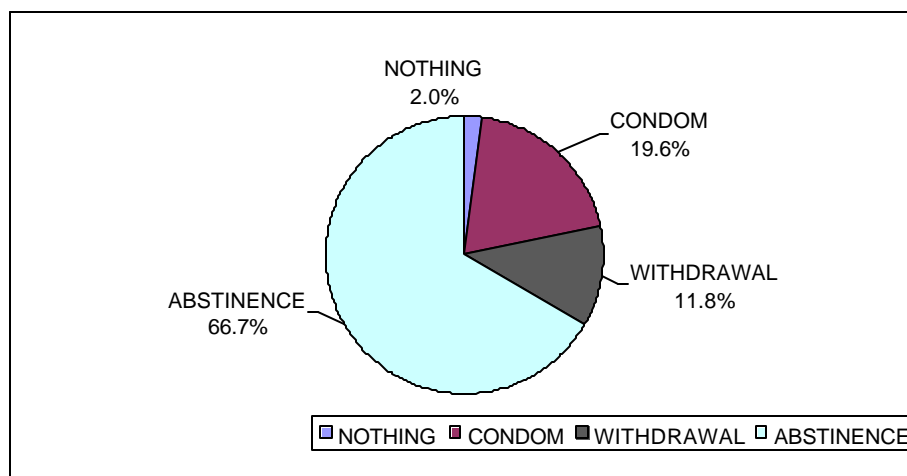


Figure 9: Female clients opinion of the use of CycleBeads

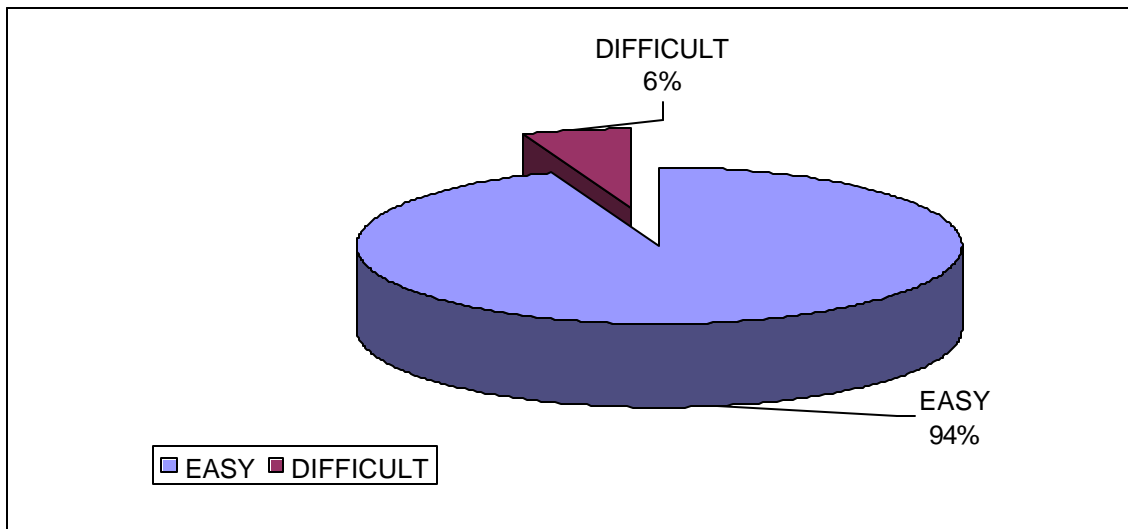


Figure 10: Male users opinions about the collaboration with their wives in the use of CycleBeads

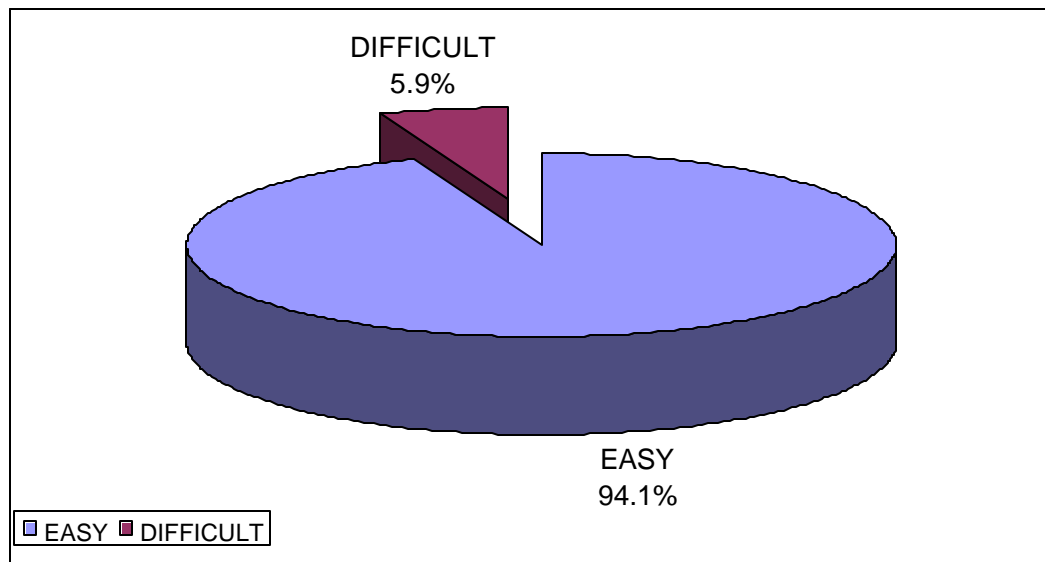


Figure 11: Reasons for female drop-out cases in relation to the number of children

Number of children	Reasons for female SDM drop-out cases									
	2 cycles or more outside the range		Partner no longer wants the SDM		Female client wishes to conceive		Other reasons		Total	
	N	%	N	%	N	%	N	%	N	%
1					3	100.00			3	
2	1	33.33	2	66.67					3	
3	4	80.00					1	20.00	5	
4			1	33.33			2	66.67	3	
Total	5	35.71	3	21.43	3	21.43	3	21.43	14	100

Figure 12: Providers with difficulties in offering the SDM

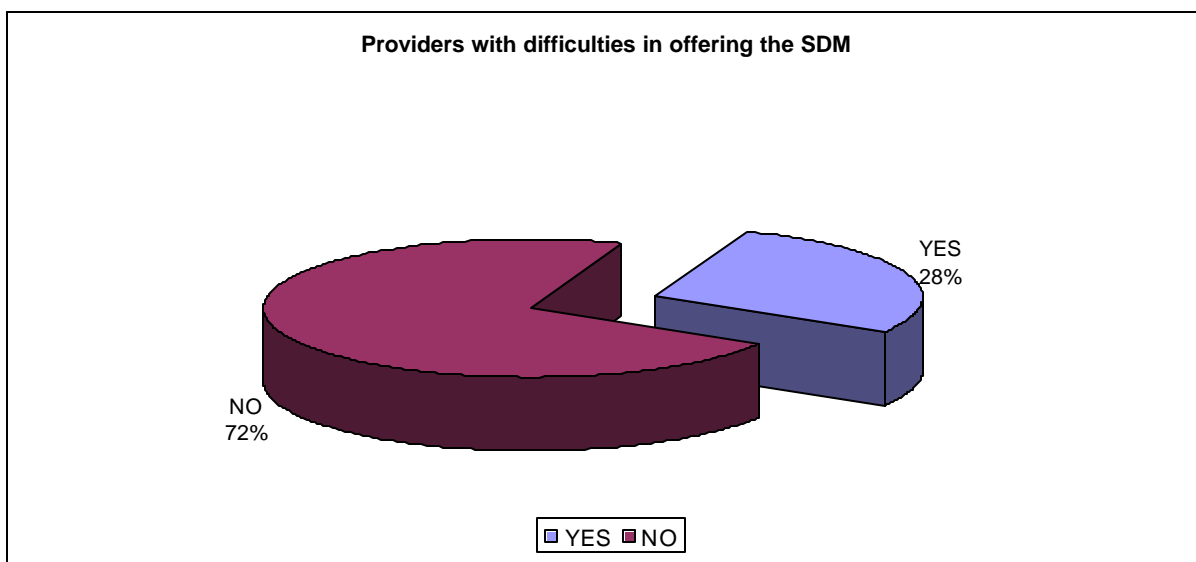


Figure 13: Provider awareness on the timeliness of consultation

Survey site (HEALTH FACILITIES)	Should women consult a provider if her cycle begins before reaching the dark brown bead?		
	Yes	No	Total
ARBEF	2		2
Mayange	2		2
Ruhuha	1	1	2
Ruhango	2		2
Save	1	1	2
Mbazi	1	1	2
Bungwe	1	1	2
Munyinya	3		3
Rubengera	2		2
Kibuye Dispensary		2	2
Mugonero	2		2
Gisovu		2	2
	17	8	25

Figure 14: Provider awareness about breastfeeding women's eligibility for the SDM

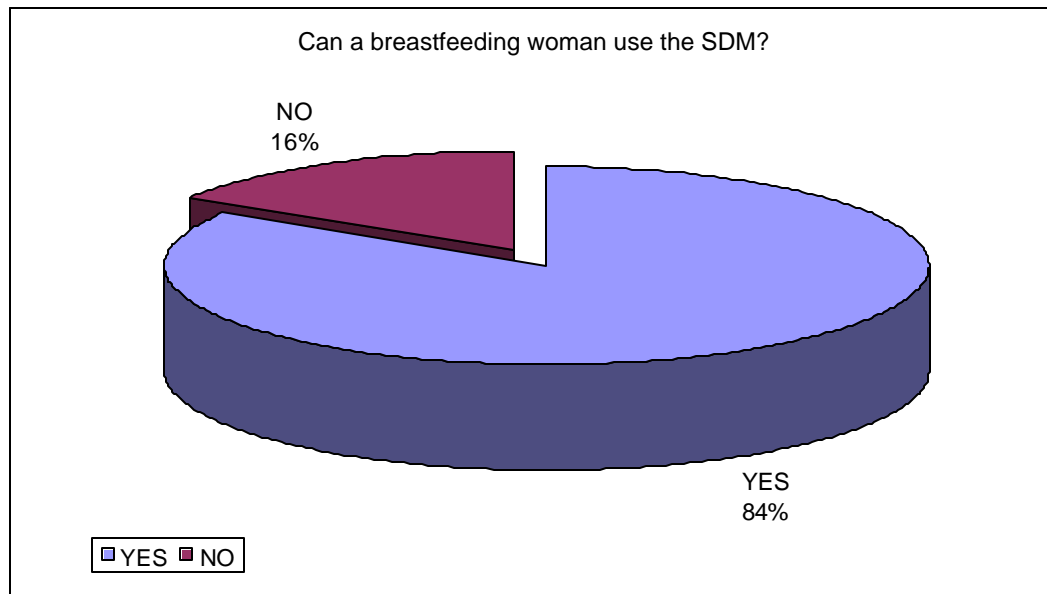


Figure 15: Provider awareness about the eligibility for the SDM of women having used birth control pills, Norplant, injectables, or the IUD

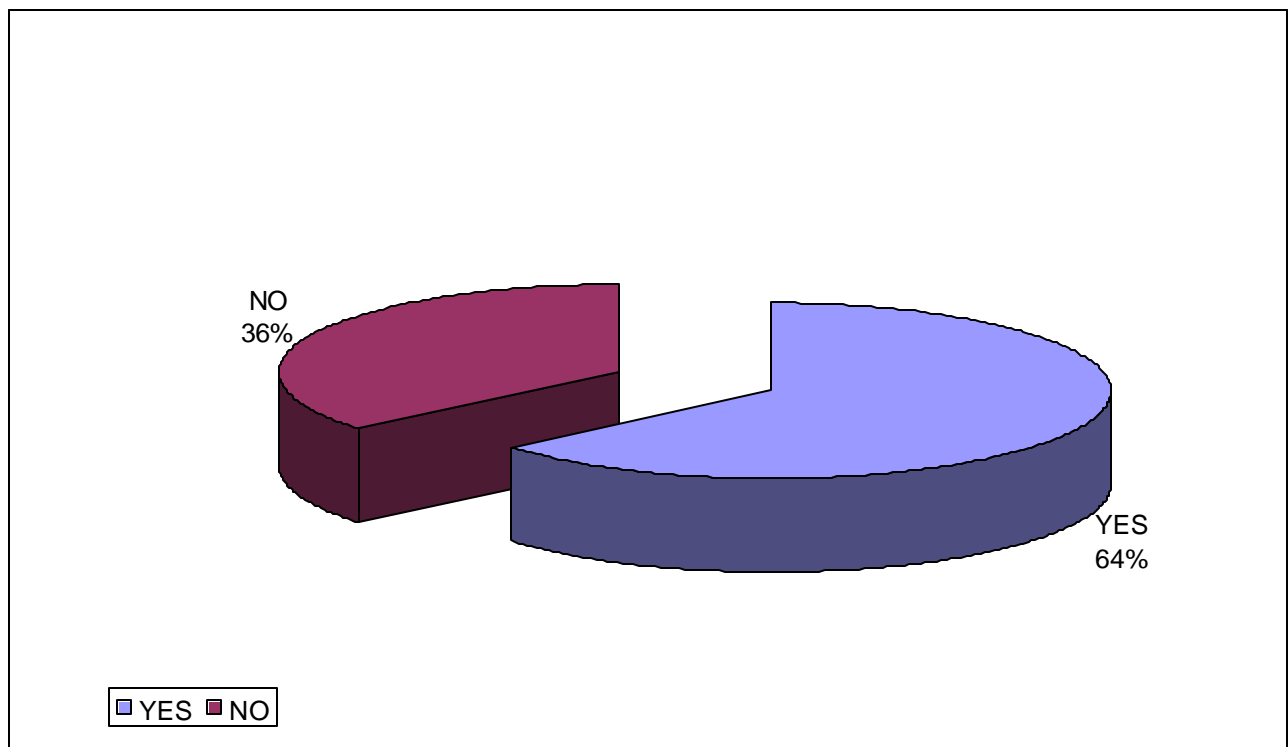


Figure 16: Provider awareness about the eligibility for the SDM of women who gave up Depo-Provera two to three months before the SDM

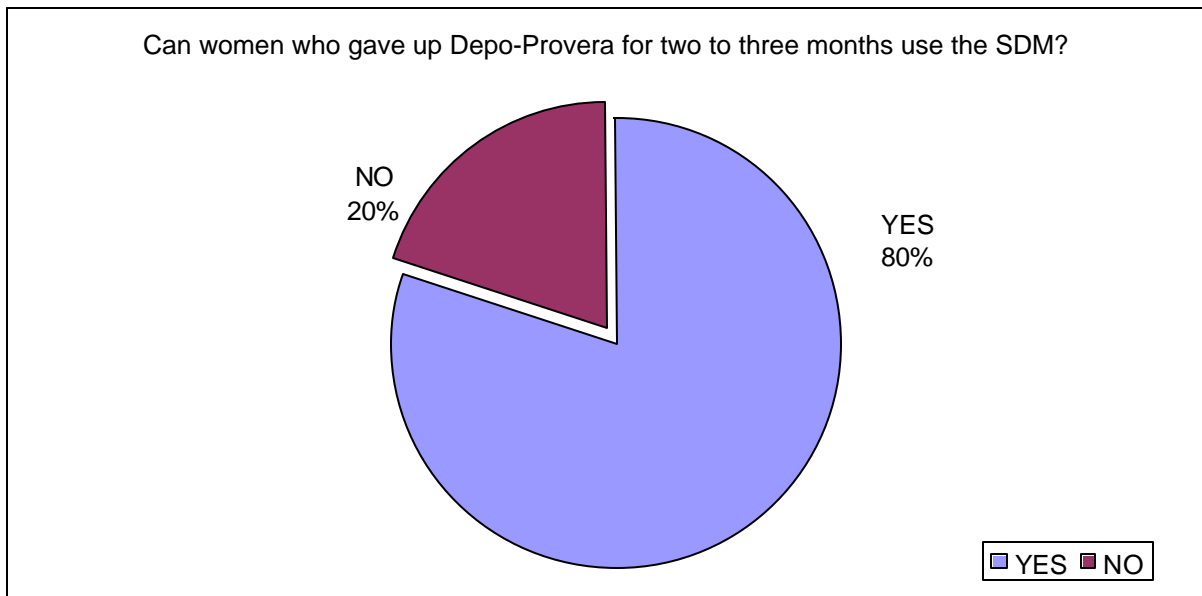
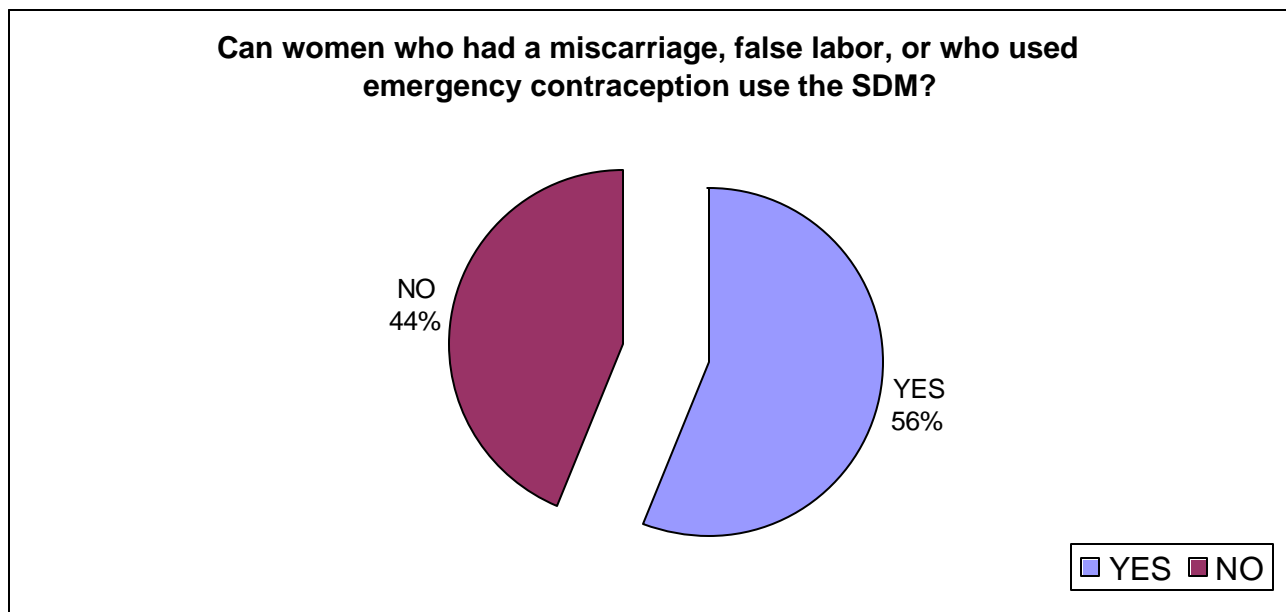


Figure 17: Provider awareness about the eligibility for the SDM of women who had a miscarriage, false labor, or used emergency contraception



Annex III: Data on the progress of SDM clients

Figure 18: Break-down of clients by site from October 2002 until September 2003

HEALTH FACILITIES	Registered clients	Drop-outs	Disappeared	Pregnancies	Clients who continue the SDM
ARBEF	71	0	0	0	71
RUHANGO	120	0	0	0	120
MUNYINYA	138	2	0	4	132
MUSAMBIRA	79	2	0	1	76
RUHUHA	61	0	0	0	61
RUBENGERA	27	2	0	0	25
SAVE	31	3	2	3	23
BUNGWE	88	0	0	2	86
MAYANGE	26	2	0	0	24
MBAZI	23	3	0	0	20
DISPENSAIRE DE KIBUYE	42	6	0	2	34
MUGONERO	47	2	0	0	45
GISOVU	12	0	0	0	12
TOTAL	765	22	2	12	729

Figure 19: Female clients who continue the SDM, by type of site, from March-September 2003

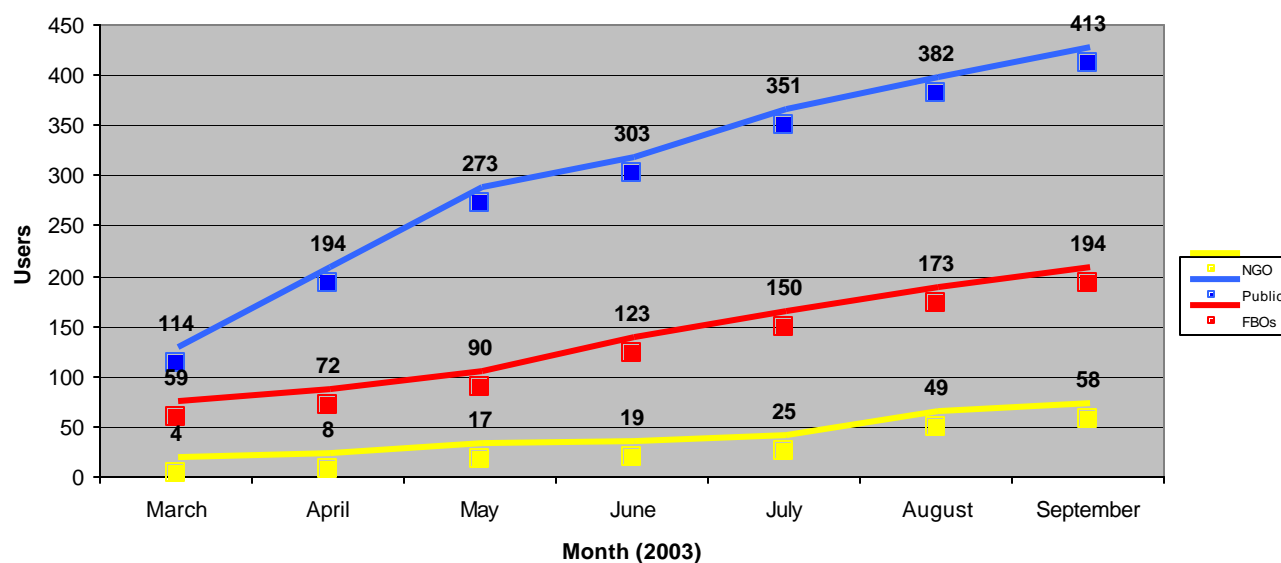


Figure 20: Change in SDM users and drop-out cases from March to September 2003

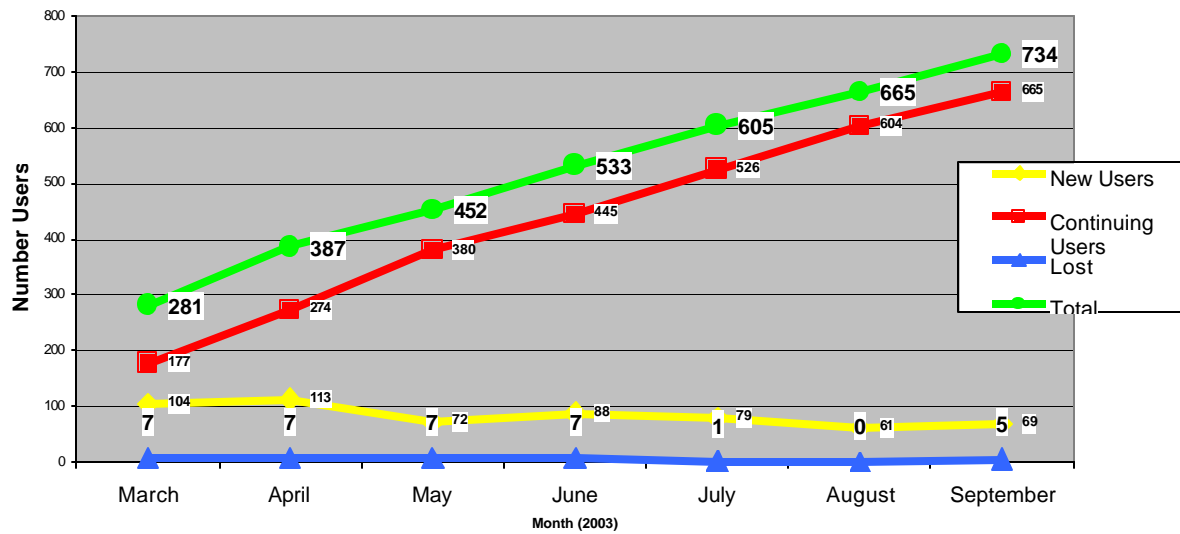


Figure 21: New FP method users at pilot sites that offer FP methods in addition to the SDM, April - October 2003

Methods	SITES										
	Mbazi	Mayange	Musambira	Disp. Kibuye	Mugonero	Munyinya	Gisovu	Rubengera	Bungwe	TOTAL	%
Birth control pills	24	26	42	52	5	23	14	85	63	334	27.27
Injectables	54	19	60	119	78	36	44	88	69	567	46.29
Barrier methods	0	0	11	7	0	0	0	1	0	19	1.55
SDM	14	18	42	30	18	79	9	21	47	278	22.69
IUD	0	0	0	11	0	0	0	0	0	11	0.90
NORPLANT	0	0	0	10	6	0	0	0	0	16	1.31
TOTAL	92	63	155	229	107	138	67	195	179	1 225	100.00

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